

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 3/31/2017 7:13 am
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 3/31/2017 Time: 7:13 am

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 (15-0056) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	4,173,022	1,166,018	574,494	0	1.00
2.00 Subprovider - IPF	0	44,292	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	2,921		0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		35		0	11.00
200.00 Total	0	4,217,314	1,168,974	574,494	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 3/30/2017 3:09 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 340 W 10TH ST		PO Box:									1.00
2.00 City: INDIANAPOLIS		State: IN		Zip Code: 46202		County: MARI ON					2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		CLARIAN BEHAVIORAL CARE CTR.	155056	26900	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		CLARIAN HOME CARE-INDIANAPOLIS	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		YELLOW ROSE UNIT	151511	26900		07/01/1966				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC		HEALTHNET BARRINGTON	151804	26900		07/01/1966	N	O	N	16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis		CLARIAN DIALYSIS	153510	26900		01/01/1997				18.00
18.01			CLARIAN	153515	26900		04/26/2002				18.01
18.02			CLARIAN HEALTH PARTNERS	153521	26900		01/30/2009				18.02
18.03			METHODIST DIALYSIS	153522	26900		04/09/2007				18.03
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			53,345	17,264	695	1,120	51,219	1,215		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 3/30/2017 3:09 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y					22.00	22.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		176.12	176.52					61.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-2
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		173.10	176.71			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		225.33	222.62			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		234.51	238.12			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		9.18	15.50			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	3.89			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			12.21	424.72	0.027945	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-2
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	4.91	24.93	0.164544	65.00
65.01		INTERNAL MEDICINE GENERAL	1400	0.99	50.83	0.019105	65.01
65.02		INTERNAL MEDICINE GERIATRIC	1408	0.30	0.95	0.240000	65.02
65.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.73	28.56	0.057115	65.03
65.04		OBSTETRICS & GYNECOLOGY	1750	0.30	25.95	0.011429	65.04
65.05		PEDIATRICS GENERAL	2000	1.24	62.64	0.019411	65.05
65.06		PEDIATRIC/EMERGENCY MEDICINE	2800	0.00	0.00	0.000000	65.06
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			21.41	470.06	0.043563	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	8.47	30.90	0.215138	67.00
67.01		INTERNAL MEDICINE GENERAL	1400	0.48	44.37	0.010702	67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.00	0.70	0.000000	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.26	31.23	0.038781	67.03
67.04		OBSTETRICS & GYNECOLOGY	1750	1.67	21.00	0.073666	67.04

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.05		PEDIATRICS GENERAL	2000	3.52	57.24	0.057933		67.05	
					1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0	71.00	
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	76.00	
					1.00				
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital a "subclause (11)" LTCH classified under section 1886(d)(1)(B)(iv)(11)? Enter "Y" for yes or "N" for no.					N		87.00	
					V	XIX			
					1.00	2.00			
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N		Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N		N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N		N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00		0.00	97.00	
Rural Providers									
105.00	Does this hospital qualify as a critical access hospital (CAH)?				N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.				N			108.00	
				Physical	Occupational	Speech	Respiratory		
				1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				N	N	N	N	109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 3/30/2017 3:09 pm		
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	4,808,946	0	0		
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N		118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			10/17/1996		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			10/17/1996		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			03/11/1993		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			07/01/1999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			06/07/2005		131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y	15H059	140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		
142.00	Street: 340 WEST 10TH STREET	PO Box:				
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 3/30/2017 3:09 pm	
144.00 Are provider based physicians' costs included in Worksheet A?							
						1.00	
						Y	144.00
						1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
						1.00	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
						N	147.00
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
						N	148.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
						N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
						1.00	
Multi campus							
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							
						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
						Y	167.00
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							
						0	168.00
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							
							168.01
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							
						0.25	169.00
						Beginning	Ending
						1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/03/2015	12/31/2015
						1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					Y	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part II Date/Time Prepared: 3/30/2017 3:09 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/07/2015	Y	04/07/2015		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 3/30/2017 3:09 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			Y	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-2
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER - COST RPTG & REV REALIZ.	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	907	331,055	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		907	331,055	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,090	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	64	23,360	0.00	0	9.00
9.01 NEONATAL INTENSIVE CARE UNIT	32.01	104	37,960	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.02 UH SURG 6IC	34.02	18	6,570	0.00	0	11.02
11.03 UH NS 3IC	34.03	0	0	0.00	0	11.03
11.04 RH PED IC	34.04	36	13,140	0.00	0	11.04
11.05 TRANSPLANT ICU	34.05	8	2,920	0.00	0	11.05
11.06 PEDS CANCER CARE	34.06	12	4,380	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)		1,225	447,125	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		1,253				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		20	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	70,897	19,818	224,019			1.00
2.00 HMO and other (see instructions)	23,057	85,812				2.00
3.00 HMO IPF Subprovider	13	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	70,897	19,818	224,019			7.00
8.00 INTENSIVE CARE UNIT	6,637	849	19,470			8.00
9.00 CORONARY CARE UNIT	5,090	2,476	16,819			9.00
9.01 NEONATAL INTENSIVE CARE UNIT	0	5,208	28,628			9.01
10.00 BURN INTENSIVE CARE UNIT	2	316	2,304			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.02 UH SURG 6IC	1,727	348	3,862			11.02
11.03 UH NS 3IC	0	0	0			11.03
11.04 RH PED IC	72	3,013	8,213			11.04
11.05 TRANSPLANT ICU	577	41	2,202			11.05
11.06 PEDS CANCER CARE	223	968	3,029			11.06
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		4,794	6,013			13.00
14.00 Total (see instructions)	85,225	37,831	314,559	553.77	8,226.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,668	2,084	6,632	0.82	0.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	26,838	3,377	67,225	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	509			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.40	57.72	26.25
27.00 Total (sum of lines 14-26)				554.99	8,283.72	27.00
28.00 Observation Bed Days		0	19,829			28.00
29.00 Ambulance Trips	504					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	1,215	4,447			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	14,898	3,695	49,592	1.00
2.00 HMO and other (see instructions)				3,402	11,385		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
9.01 NEONATAL INTENSIVE CARE UNIT							9.01
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.02 UH SURG 6IC							11.02
11.03 UH NS 3IC							11.03
11.04 RH PED IC							11.04
11.05 TRANSPLANT ICU							11.05
11.06 PEDS CANCER CARE							11.06
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		14,898	3,695	49,592	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		174	331	921	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	591,827,706	-3,385,842	588,441,864	17,109,279.20	34.39
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	32,459,750	0	32,459,750	1,189,798.68	27.28
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		57,850,552	1,048,391	58,898,943	1,893,418.61	31.11
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		116,672,477	0	116,672,477		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		15,596,824	0	15,596,824		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		5,335,647	0	5,335,647		
23.00	Physician Part B		165,799	0	165,799		
24.00	Wage-related costs (RHC/FQHC)		727,688	0	727,688		
25.00	Interns & residents (in an approved program)		9,248,169	0	9,248,169		
25.50	Home office wage-related						
25.51	Related organization wage-related						
25.52	Home office: Physician Part A - Administrative - wage-related						
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	189,121	0	189,121	3,331.67	56.76
27.00	Administrative & General	5.00	17,311,537	-67,539	17,243,998	420,914.38	40.97

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	432,586	0	432,586	13,507.23	32.03	29.00
30.00	Operation of Plant	7.00	373,174	0	373,174	23,177.36	16.10	30.00
31.00	Laundry & Linen Service	8.00	2,998	0	2,998	176.30	17.01	31.00
32.00	Housekeeping	9.00	643,468	0	643,468	50,814.09	12.66	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	5,741,010	-108,427	5,632,583	289,033.10	19.49	34.00
35.00	Dietary under contract (see instructions)		0	0	0	8,331.80	0.00	35.00
36.00	Cafeteria	11.00	135,571	0	135,571	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	15,839,276	-71,766	15,767,510	324,169.27	48.64	38.00
39.00	Central Services and Supply	14.00	2,991,476	-10,565	2,980,911	147,780.27	20.17	39.00
40.00	Pharmacy	15.00	26,402,188	-699,772	25,702,416	614,489.78	41.83	40.00
41.00	Medical Records & Medical Records Library	16.00	242,554	0	242,554	6,240.10	38.87	41.00
42.00	Social Service	17.00	3,658,038	-18,400	3,639,638	138,105.81	26.35	42.00
43.00	Other General Service	18.00	1,681,655	-8,078	1,673,577	100,665.76	16.63	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
3/30/2017 3:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	559,367,956	-3,385,842	555,982,114	15,927,812.32	34.91	1.00
2.00	Excluded area salaries (see instructions)	57,850,552	1,048,391	58,898,943	1,893,418.61	31.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	501,517,404	-4,434,233	497,083,171	14,034,393.71	35.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	0	0	0	0.00	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)	116,672,477	0	116,672,477	0.00	23.47	5.00
6.00	Total (sum of lines 3 thru 5)	618,189,881	-4,434,233	613,755,648	14,034,393.71	43.73	6.00
7.00	Total overhead cost (see instructions)	75,644,652	-984,547	74,660,105	2,140,736.92	34.88	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part IV
Date/Time Prepared:
3/30/2017 3:09 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	27,738,399	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	3,998,918	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	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)	67,342,847	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)		8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	2,106,472	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	415,678	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	822,486	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,382,646	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	39,697,668	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	263,663	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,977,827	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	147,746,604	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part V
Date/Time Prepared:
3/30/2017 3:09 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0056 Component CCN: 15-7158		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 3/30/2017 3:09 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	MARION				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,804.00	0.00	0.00	0.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			3.08	0.00	3.08	4.00
5.00	Other Administrative Personnel			99.85	6.70	106.55	5.00
6.00	Direct Nursing Service			43.85	5.48	49.33	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			24.20	0.00	24.20	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			6.30	0.00	6.30	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.59	0.00	0.59	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.90	0.00	1.90	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			6.37	0.00	6.37	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	INFUSION AND RT			75.26	0.03	75.29	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			13			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	11300					20.00
20.01		23844					20.01
20.02		26900					20.02
20.03		29020					20.03
20.04		29140					20.04
20.05		29200					20.05
20.06		34620					20.06
20.07		50031					20.07
20.08		50032					20.08
20.09		50038					20.09
20.10		50039					20.10
20.11		50041					20.11
20.12		99915					20.12
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	10,694	595	702	277	12,268	21.00
22.00	Skilled Nursing Visit Charges	2,376,510	132,756	156,066	61,494	2,726,826	22.00
23.00	Physical Therapy Visits	8,585	75	199	182	9,041	23.00
24.00	Physical Therapy Visit Charges	2,360,875	20,625	54,725	50,050	2,486,275	24.00
25.00	Occupational Therapy Visits	1,991	59	11	61	2,122	25.00
26.00	Occupational Therapy Visit Charges	547,731	16,225	3,025	16,775	583,756	26.00
27.00	Speech Pathology Visits	233	0	6	14	253	27.00
28.00	Speech Pathology Visit Charges	64,075	0	1,650	3,850	69,575	28.00
29.00	Medical Social Service Visits	414	25	5	12	456	29.00
30.00	Medical Social Service Visit Charges	113,850	6,875	1,375	3,300	125,400	30.00
31.00	Home Health Aide Visits	2,567	287	10	66	2,930	31.00
32.00	Home Health Aide Visit Charges	305,473	34,153	1,190	7,854	348,670	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	24,484	1,041	933	612	27,070	33.00
34.00	Other Charges	0	0	0	0	0	34.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 15-0056
Component CCN: 15-7158

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-4
Date/Time Prepared:
3/30/2017 3:09 pm
PPS

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00				
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,768,514	210,634	218,031	143,323	6,340,502	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,712		354	46	2,112	36.00
37.00	Total Number of Outlier Episodes		24		2	26	37.00
38.00	Total Non-Routine Medical Supply Charges	28	1	0	0	29	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-5

Date/Time Prepared:
3/30/2017 3:09 pm

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-5

Date/Time Prepared:
3/30/2017 3:09 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	153510	0	23.00
23.01	CLARIAN	153515	0	23.01
23.02	CLARIAN HEALTH PARTNERS	153521	0	23.02
23.03	METHODIST DIALYSIS	153522	0	23.03

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet S-9

Hospice CCN: 15-1511

To 12/31/2015

PARTS I THROUGH IV
Date/Time Prepared:
3/30/2017 3:09 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Hospice Routine Home Care	35,681	4,018	1,828	70	5,816	45,515	2.00
3.00	Hospice Inpatient Respite Care	232	20	0	0	31	283	3.00
4.00	Hospice General Inpatient Care	658	131	0	0	233	1,022	4.00
5.00	Total Hospice Days	36,571	4,169	1,828	70	6,080	46,820	5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care	878	110	41	1	219	1,207	6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare	42.00		0.00				7.00
8.00	Average Length of Stay (line 5 / line 6)	41.65	37.90	44.59	70.00	27.76	38.79	8.00
9.00	Unduplicated census count	985	99	33	1	1,120	2,204	9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)
		1.00	2.00	3.00	4.00
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care				
11.00	Hospice Routine Home Care				
12.00	Hospice Inpatient Respite Care				
13.00	Hospice General Inpatient Care				
14.00	Total Hospice Days				
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care				
16.00	Hospice General Inpatient Care				

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 3/30/2017 3:09 pm	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.226755		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		301,609,076		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		1,431,086,435		6.00
7.00	Medicaid cost (line 1 times line 6)		324,506,005		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		22,896,929		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		53,151,394		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		436,267,369		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		98,925,807		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		45,774,413		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		68,671,342		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	256,478,600	80,938,362	337,416,962	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	58,157,805	18,353,178	76,510,983	21.00
22.00	Partial payment by patients approved for charity care	30,132	51,390	81,522	22.00
23.00	Cost of charity care (line 21 minus line 22)	58,127,673	18,301,788	76,429,461	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		27,439,063		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		3,756,248		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		23,682,815		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,370,197		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		81,799,658		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		150,471,000		31.00

HOSPITAL-BASED FQHC IDENTIFICATION DATA		Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2015 To 12/31/2015	Worksheet S-11 Part I Date/Time Prepared: 3/30/2017 3:09 pm	
		FQHC I	Cost		
		Site Name	Type of control (see instructions)	Date Decertified	V/I Decertification
		1.00	2.00	3.00	4.00
PART I - HOSPITAL-BASED FQHC IDENTIFICATION DATA					
1.00	Site Name	HEALTHNET BARRINGTON	1		1.00
		Street	P. O. Box		
		1.00	2.00		
2.00	Street, P.O. Box	3401 E RAYMOND ST			2.00
		City	State	Zip Code	County
		1.00	2.00	3.00	4.00
3.00	City, State, Zip Code, County, Designation	INDIANAPOLIS	IN	46203	MARION
					Y/N
					1.00
4.00	Is this hospital-based FQHC part of an entity that owns, leases or controls multiple FQHCs? Enter "Y" for yes or "N" for no. If yes, enter the entity's information below.				4.00
				Name	
				1.00	
5.00	Name of Entity:	HEALTHNET			5.00
		Street	P. O. Box		
		1.00	2.00		
6.00	Street, P.O. Box, HRSA Award Number:	3403 E RAYMOND ST			6.00
		City	State	Zip Code	
		1.00	2.00	3.00	
7.00	City, State, Zip Code:	INDIANAPOLIS	IN	46203	7.00
		Y/N	Date Requested	Date Approved	Number of FQHCs
		1.00	2.00	3.00	4.00
8.00	Consolidated Cost Report Is this hospital-based FQHC filing a consolidated cost report per CMS Pub. 100-04, chapter 9, §30.8? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, complete columns 2 through 4, and line 9, beginning with line 9.01. If column 1 is no, leave line 9 blank. (see instructions)	N			0
		Site Name	CCN	CBSA	Date Requested
		1.00	2.00	3.00	4.00
9.00	List of Consolidated Providers				9.00
		1.00	2.00	3.00	
10.00	Hospital-Based FQHC Operations What type of organization is this hospital-based FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A		10.00
11.00	Did this hospital-based FQHC receive a grant under §330 of the PHS Act during this cost reporting period? If this is a consolidated cost report, did the hospital-based FQHC reported on line 1, column 2 receive a grant under §330 of the PHS Act during this cost reporting period? Enter "Y" for yes or "N" for no. (complete line 12)	Y			11.00
12.00	If the response to line 11 is yes, indicate in column 1, the type of HRSA grant that was awarded (see instructions). Enter the date of the grant award in column 2 and enter the grant award number in column 3. If you received more than one grant subscript this line accordingly.	1	11/18/2014	5 H80CS00114-14-04	12.00
Medical Malpractice					
13.00	Did this hospital-based FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	N			13.00
Interns and Residents					
14.00	Did this hospital-based FQHC receive a Teaching Health Center development grant authorized under Part C of Title VII of the PHS Act from HRSA? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of FTE residents that your hospital-based FQHC trained and received funding through your THC grant in this cost reporting period and in column 3, enter the total number of visits performed by residents funded by the THC grant in this cost reporting period. (see instructions)	N	0.00		0

HOSPITAL-BASED FQHC IDENTIFICATION DATA		Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2015 To 12/31/2015	Worksheet S-11 Part I Date/Time Prepared: 3/30/2017 3:09 pm
			FQHC I	Cost
		Date of CHOW 5.00		
PART I - HOSPITAL-BASED FQHC IDENTIFICATION DATA				
1.00	Site Name			1.00
		Designation - Enter "R" for rural or "U" for urban 5.00		
3.00	City, State, Zip Code, County, Designation	U		3.00
			HRSA Award Number: 3.00	
6.00	Street, P.O. Box, HRSA Award Number:		1189991851	6.00
		Date Approved 5.00		
9.00	List of Consolidated Providers			9.00

HOSPITAL-BASED FQHC IDENTIFICATION DATA		Provider CCN: 15-0056 Component CCN: 15-1804		Period: From 01/01/2015 To 12/31/2015		Worksheet S-11 Part III Date/Time Prepared: 3/30/2017 3:09 pm	
		FQHC I			Cost		
		COMPONENT CCN	Title V	Title XVIII	Title XIX	Other	
		0	1.00	2.00	3.00	4.00	
PART I - HOSPITAL-BASED FQHC STATISTICAL DATA							
1.00	Medical Visits		0	1,533	22,168	8,003	1.00
2.00	Total Medical Visits		0	1,533	22,168	8,003	2.00
3.00	Mental Health Visits		0	332	2,486	568	3.00
4.00	Total Mental Health Visits		0	332	2,486	568	4.00

HOSPITAL-BASED FQHC IDENTIFICATION DATA		Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2015 To 12/31/2015	Worksheet S-11 Part III Date/Time Prepared: 3/30/2017 3:09 pm
			FQHC I	Cost
		Total All Patients		
		5.00		
PART I - HOSPITAL-BASED FQHC STATISTICAL DATA				
1.00	Medical Visits	31,704		1.00
2.00	Total Medical Visits	31,704		2.00
3.00	Mental Health Visits	3,386		3.00
4.00	Total Mental Health Visits	3,386		4.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100			0	8,662,014	8,662,014	1.00
2.00	00200			0	47,670,371	47,670,371	2.00
4.00	00400				102,116,114	102,296,211	4.00
5.01	00540	189,121	-9,024	180,097	61,098	101,897	5.01
5.02	00550	0	40,799	40,799	-70,271	14,143	5.02
5.03	00590	14,131	70,283	84,414	-80,023	97,243	5.03
5.04	00570	27,368	149,898	177,266	-4,943	49,768	5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00560	0	0	0	0	0	5.06
5.06	00560	17,270,038	367,237,692	384,507,730	-14,980,555	369,527,175	5.06
6.00	00600	432,586	2,251,570	2,684,156	-116,696	2,567,460	6.00
7.00	00700	373,174	7,195,100	7,568,274	-194,347	7,373,927	7.00
8.00	00800	2,998	97,297	100,295	-96,401	3,894	8.00
9.00	00900	0	0	0	0	0	9.00
9.01	00901	0	0	0	0	0	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	0	0	0	0	0	9.03
9.04	00904	0	0	0	0	0	9.04
9.05	00905	325,835	229,429	555,264	-103,907	451,357	9.05
10.00	01000	317,633	196,767	514,400	-124,382	390,018	9.05
10.00	01000	5,741,010	5,602,478	11,343,488	-1,617,381	9,726,107	10.00
11.00	01100	135,571	291,296	426,867	-61,785	365,082	11.00
13.00	01300	15,703,789	5,093,648	20,797,437	-2,722,196	18,075,241	13.00
13.01	01851	135,487	102,238	237,725	-38,276	199,449	13.01
14.00	01400	2,991,476	8,572,754	11,564,230	89,436,154	101,000,384	14.00
15.00	01500	26,402,188	103,784,922	130,187,110	-92,904,312	37,282,798	15.00
16.00	01600	242,554	1,229,465	1,472,019	-35,071	1,436,948	16.00
17.00	01700	3,658,038	2,655,876	6,313,914	-762,359	5,551,555	17.00
18.00	01850	1,681,655	683,221	2,364,876	-551,596	1,813,280	18.00
21.00	02100	32,459,750	9,545,318	42,005,068	-4,880,779	37,124,289	21.00
22.00	02200	237,605	4,232,057	4,469,662	-39,465	4,430,197	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	277,546	91,135	368,681	500,541	869,222	23.02
23.03	02303	289,291	146,032	435,323	-68,988	366,335	23.03
23.04	02304	132,248	28,260	160,508	-18,488	142,020	23.04
23.05	02312	632,467	232,904	865,371	-140,355	725,016	23.05
23.06	02306	240,608	57,133	297,741	123,331	421,072	23.06
23.07	02307	661,003	222,634	883,637	392,128	1,275,765	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	142,304	43,556	185,860	110,660	296,520	23.09
23.10	02310	200,114	60,466	260,580	-18,616	241,964	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	113,952,003	57,050,706	171,002,709	-47,694,500	123,308,209	30.00
31.00	03100	13,643,990	6,319,693	19,963,683	-4,561,922	15,401,761	31.00
32.00	03200	13,523,235	7,264,129	20,787,364	-5,228,461	15,558,903	32.00
32.01	03201	16,170,621	6,993,647	23,164,268	-5,058,955	18,105,313	32.01
33.00	03300	1,698,415	605,493	2,303,908	-448,704	1,855,204	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	2,847,610	1,509,807	4,357,417	-1,157,238	3,200,179	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	7,763,565	5,213,479	12,977,044	-2,875,239	10,101,805	34.04
34.05	03404	1,781,965	1,203,823	2,985,788	-719,232	2,266,556	34.05
34.06	03407	1,664,219	764,372	2,428,591	-562,677	1,865,914	34.06
40.00	04000	2,969,595	1,385,777	4,355,372	-515,770	3,839,602	40.00
43.00	04300	0	0	0	2,725,807	2,725,807	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,885,422	121,659,683	154,545,105	-109,414,049	45,131,056	50.00
50.01	05001	1,350,032	1,714,270	3,064,302	-1,494,886	1,569,416	50.01
51.00	05100	6,654,159	3,152,997	9,807,156	-2,004,897	7,802,259	51.00
52.00	05200	18,564	233,734	252,298	9,282,211	9,534,509	52.00
53.00	05300	1,423,092	16,195,855	17,618,947	-5,127,995	12,490,952	53.00
53.01	05301	2,732,853	1,175,093	3,907,946	-806,743	3,101,203	53.01
54.00	05400	28,377,053	36,636,291	65,013,344	-26,118,871	38,894,473	54.00
55.00	05500	4,541,126	6,035,921	10,577,047	-1,816,950	8,760,097	55.00
56.00	05600	933,863	6,049,992	6,983,855	-5,755,231	1,228,624	56.00
59.00	05900	855,932	5,432,463	6,288,395	-5,218,282	1,070,113	59.00
60.00	06000	43,685,102	155,911,137	199,596,239	-49,776,591	149,819,648	60.00
60.01	06001	852,430	3,149,670	4,002,100	-1,408,961	2,593,139	60.01
60.02	06002	0	1,122	1,122	-1,122	0	60.02
63.00	06300	3,020,034	13,873,618	16,893,652	-1,533,176	15,360,476	63.00
65.00	06500	17,881,514	9,956,574	27,838,088	-8,268,921	19,569,167	65.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet A Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
66.00	06600	PHYSICAL THERAPY	11,947,582	4,790,686	16,738,268	-2,917,807	13,820,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,514,633	817,341	3,331,974	-632,773	2,699,201	67.00
68.00	06800	SPEECH PATHOLOGY	3,078,481	3,027,404	6,105,885	-2,708,360	3,397,525	68.00
69.00	06900	ELECTROCARDIOLOGY	3,383,248	3,724,021	7,107,269	-1,300,466	5,806,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,647,412	2,900,133	6,547,545	-1,580,599	4,966,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	40,651,631	40,651,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	75,844,683	75,844,683	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	169,418,959	169,418,959	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	5,963,312	70,663,926	76,627,238	-1,247,915	75,379,323	73.03
74.00	07400	RENAL DIALYSIS	5,715,631	6,513,601	12,229,232	-5,409,414	6,819,818	74.00
76.00	03020	RH NBN ECMO IC	1,045,807	351,254	1,397,061	-272,873	1,124,188	76.00
76.01	03140	CARDIOLOGY	638,045	9,756,871	10,394,916	-7,740,367	2,654,549	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,013,312	103,115	2,116,427	-75,356	2,041,071	76.02
76.03	03950	CARDIAC CATH	3,555,620	8,765,046	12,320,666	-8,332,987	3,987,679	76.03
76.04	03951	DAY SURGERY	3,157,493	1,512,587	4,670,080	-1,264,337	3,405,743	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	736,667	101,801	838,468	-41,589	796,879	76.08
76.97	07697	CARDIAC REHABILITATION	335,500	503,391	838,891	-98,681	740,210	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,492,769	1,593,482	5,086,251	0	5,086,251	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,744,489	1,165,661	2,910,150	-1,031,970	1,878,180	90.01
90.02	09002	IUSCC HEM/ONC	20,683,692	69,058,520	89,742,212	-63,410,915	26,331,297	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	263,545	663,114	926,659	-564,257	362,402	90.03
90.04	09004	AMB SVC-PSYCH ADULT	421,920	128,648	550,568	-90,603	459,965	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	1,787,932	758,453	2,546,385	-537,862	2,008,523	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	4,793,370	2,262,811	7,056,181	-1,839,550	5,216,631	90.07
90.08	09008	MOTILITY LAB	148,136	127,516	275,652	-117,940	157,712	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	2,624	3,530	6,154	-1,809	4,345	90.10
90.11	09023	SLEEP LAB	2,558,098	1,902,617	4,460,715	-596,036	3,864,679	90.11
90.12	09024	OP CARE ADULTS	317	292,783	293,100	-1,535	291,565	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	113,367	5,749,192	5,862,559	-5,591,995	270,564	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	735,514	554,151	1,289,665	-437,001	852,664	90.17
90.18	09016	DERMATOLOGY CLINIC	595,822	488,535	1,084,357	-321,249	763,108	90.18
90.19	09017	INFUSION/HEM/ONC	434,604	581,590	1,016,194	-164,650	851,544	90.19
90.20	09025	IUMG - MH	223,626	69,577	293,203	-53,687	239,516	90.20
90.21	09019	OP REHAB CLINIC	114,362	423,471	537,833	-394,674	143,159	90.21
90.22	09020	EATING DISORDERS CLINIC	846,608	878,466	1,725,074	-181,752	1,543,322	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	592,572	283,085	875,657	-183,277	692,380	90.23
90.24	09021	LIFE CARE CLINIC	1,030,621	535,590	1,566,211	-293,320	1,272,891	90.24
91.00	09100	EMERGENCY	19,061,617	23,611,941	42,673,558	-6,719,908	35,953,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	704,193	4,086,159	4,790,352	-3,732,734	1,057,618	94.00
95.00	09500	AMBULANCE SERVICES	8,400,292	16,484,646	24,884,938	-3,860,843	21,024,095	95.00
101.00	10100	HOME HEALTH AGENCY	17,372,893	25,109,113	42,482,006	-3,733,684	38,748,322	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,673,059	10,360,023	15,033,082	-4,356,540	10,676,542	105.00
106.00	10600	HEART ACQUISITION	513,579	1,314,080	1,827,659	-441,431	1,386,228	106.00
107.00	10700	LIVER ACQUISITION	1,163,296	9,614,841	10,778,137	-454,124	10,324,013	107.00
108.00	10800	LUNG ACQUISITION	725,102	4,116,804	4,841,906	-496,738	4,345,168	108.00
109.00	10900	PANCREAS ACQUISITION	336,934	2,127,391	2,464,325	-99,601	2,364,724	109.00
110.00	11000	INTESTINAL ACQUISITION	229,550	916,407	1,145,957	-117,258	1,028,699	110.00
112.00	08600	OTHER ORGAN ACQUISITION	154,369	51,026	205,395	-37,502	167,893	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	3,694,656	3,694,656	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	3,384,611	3,852,320	7,236,931	-1,539,409	5,697,522	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	577,180,208	1,292,375,981	1,869,556,189	8,462,415	1,878,018,604	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-788	25,736	24,948	-1,815	23,133	190.00
191.00	19100	RESEARCH	386,392	1,996,907	2,383,299	-87,522	2,295,777	191.00
191.01	19101	RESEARCH-GCRC	2,568	95,733	98,301	-75,058	23,243	191.01
191.02	19102	OSA	1,217,035	3,732,894	4,949,929	-255,270	4,694,659	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	363,628	3,696,350	4,059,978	-78,799	3,981,179	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	5,300,670	15,061,566	20,362,236	-4,854,534	15,507,702	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
192.02	19202 OTHER NONREIMBURSABLE - IUMC	1,306,868	18,339,859	19,646,727	-45,664	19,601,063	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	9	9	0	9	192.03
192.04	19204 MHH RADIOLOGY	106,292	31,049	137,341	-16,550	120,791	192.04
192.06	19206 BELTWAY SURGERY	-43	90,028	89,985	9	89,994	192.06
192.07	19207 RHI	161,338	137,224	298,562	-109,983	188,579	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	5,331,949	23,694,616	29,026,565	-1,157,145	27,869,420	192.08
192.09	19209 ARTHRITIS CLINIC - NR	47,803	1,586,385	1,634,188	-1,563,846	70,342	192.09
192.10	19212 CARDIO PHYSICIANS	423,786	976,520	1,400,306	-216,238	1,184,068	192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	192.11
200.00	TOTAL (SUM OF LINES 118-199)	591,827,706	1,361,840,857	1,953,668,563	0	1,953,668,563	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	51,372,127	60,034,141	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	22,048,017	69,718,388	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,649,683	103,945,894	4.00
5.01	00540	NONPATIENT TELEPHONES	-62,430	39,467	5.01
5.02	00550	DATA PROCESSING	56,816,772	56,830,915	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	13,428,834	13,526,077	5.03
5.04	00570	ADMINISTRATIVE	12,186,676	12,236,444	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	38,262,582	38,262,582	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-223,271,734	146,255,441	5.06
6.00	00600	MAINTENANCE & REPAIRS	19,725,222	22,292,682	6.00
7.00	00700	OPERATION OF PLANT	39,389,788	46,763,715	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	188	4,082	8.00
9.00	00900	HOUSEKEEPING	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	1,859,941	1,859,941	9.01
9.02	00902	HOUSEKEEPING - RILEY	2,554,464	2,554,464	9.02
9.03	00903	HOUSEKEEPING - METHODIST	1,756,869	1,756,869	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	451,357	9.04
9.05	00905	HOUSEKEEPING - MORGAN	5,924	395,942	9.05
10.00	01000	DIETARY	-192,432	9,533,675	10.00
11.00	01100	CAFETERIA	5,398,288	5,763,370	11.00
13.00	01300	NURSING ADMINISTRATION	1,630,843	19,706,084	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	-12,261	187,188	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-18,590	100,981,794	14.00
15.00	01500	PHARMACY	-2,159,077	35,123,721	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,834,029	13,270,977	16.00
17.00	01700	SOCIAL SERVICE	-697,805	4,853,750	17.00
18.00	01850	PATIENT TRANSPORTATION	0	1,813,280	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-55,929	37,068,360	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,444,853	18,875,050	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	-133,389	735,833	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	-381,335	-15,000	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	142,020	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	-16,450	708,566	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	-84,296	336,776	23.06
23.07	02307	PARAMEDICAL PHARMACY	0	1,275,765	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	-32,799	263,721	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	-22,797	219,167	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,170,197	119,138,012	30.00
31.00	03100	INTENSIVE CARE UNIT	5,587	15,407,348	31.00
32.00	03200	CORONARY CARE UNIT	0	15,558,903	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-94,185	18,011,128	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,300	1,859,504	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	03401	UH SURG 61C	0	3,200,179	34.02
34.03	03402	UH NS 31C	0	0	34.03
34.04	03403	RH PEDIC	-1,508,401	8,593,404	34.04
34.05	03404	TRANSPLANT ICU	0	2,266,556	34.05
34.06	03407	PEDS CANCER CARE	-15,353	1,850,561	34.06
40.00	04000	SUBPROVIDER - IPF	-622,407	3,217,195	40.00
43.00	04300	NURSERY	0	2,725,807	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,517,693	42,613,363	50.00
50.01	05001	ENDOSCOPY	0	1,569,416	50.01
51.00	05100	RECOVERY ROOM	3,189	7,805,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,534,509	52.00
53.00	05300	ANESTHESIOLOGY	-10,894,614	1,596,338	53.00
53.01	05301	PULMONARY FUNCTION TESTING	-34,755	3,066,448	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,057,227	37,837,246	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,164,669	6,595,428	55.00
56.00	05600	RADIOISOTOPE	645	1,229,269	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,070,113	59.00
60.00	06000	LABORATORY	-119,989,173	29,830,475	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-236,133	2,357,006	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-2,147,243	13,213,233	63.00
65.00	06500	RESPIRATORY THERAPY	9,328	19,578,495	65.00
66.00	06600	PHYSICAL THERAPY	-75,541	13,744,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	-70,983	2,628,218	67.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
68.00	06800	SPEECH PATHOLOGY	-75,136	3,322,389	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,953,354	2,853,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-695,958	4,270,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,651,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	75,844,683	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	169,418,959	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	-2,359,487	73,019,836	73.03
74.00	07400	RENAL DIALYSIS	-125,184	6,694,634	74.00
76.00	03020	RH NBN ECMO IC	0	1,124,188	76.00
76.01	03140	CARDIOLOGY	-359,684	2,294,865	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,041,071	76.02
76.03	03950	CARDIAC CATH	107,115	4,094,794	76.03
76.04	03951	DAY SURGERY	0	3,405,743	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	796,879	76.08
76.97	07697	CARDIAC REHABILITATION	-94,326	645,884	76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	-81,055	5,005,196	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	-9,000	1,869,180	90.01
90.02	09002	IUSCC HEM/ONC	-687,554	25,643,743	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	362,402	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	459,965	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	-80,000	1,928,523	90.06
90.07	09007	AMB SVC-RILEY CLINICS	-2,986,266	2,230,365	90.07
90.08	09008	MOTILITY LAB	-42,845	114,867	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	4,345	90.10
90.11	09023	SLEEP LAB	-1,199,757	2,664,922	90.11
90.12	09024	OP CARE ADULTS	-67,279	224,286	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	-24,750	245,814	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	852,664	90.17
90.18	09016	DERMATOLOGY CLINIC	-27,835	735,273	90.18
90.19	09017	INFUSION/HEM/ONC	0	851,544	90.19
90.20	09025	IUMG - MH	0	239,516	90.20
90.21	09019	OP REHAB CLINIC	0	143,159	90.21
90.22	09020	EATING DISORDERS CLINIC	-356,714	1,186,608	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	692,380	90.23
90.24	09021	LIFE CARE CLINIC	-178,045	1,094,846	90.24
91.00	09100	EMERGENCY	-15,237,741	20,715,909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	-62,401	995,217	94.00
95.00	09500	AMBULANCE SERVICES	-142,674	20,881,421	95.00
101.00	10100	HOME HEALTH AGENCY	-2,009,369	36,738,953	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-599,297	10,077,245	105.00
106.00	10600	HEART ACQUISITION	-22,917	1,363,311	106.00
107.00	10700	LIVER ACQUISITION	-1,521,881	8,802,132	107.00
108.00	10800	LUNG ACQUISITION	0	4,345,168	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,364,724	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,028,699	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	167,893	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	3,694,656	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-302,512	5,395,010	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-110,547,655	1,767,470,949	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,133	190.00
191.00	19100	RESEARCH	0	2,295,777	191.00
191.01	19101	RESEARCH-GCRC	0	23,243	191.01
191.02	19102	OSA	0	4,694,659	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,981,179	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	3,202	15,510,904	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMG	0	19,601,063	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	9	192.03
192.04	19204	MHH RADIOLOGY	0	120,791	192.04
192.06	19206	BELTWAY SURGERY	0	89,994	192.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.07	19207	RHI	0	188,579	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	27,869,420	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	70,342	192.09
192.10	19212	CARDIO PHYSICIANS	0	1,184,068	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
200.00		TOTAL (SUM OF LINES 118-199)	-110,544,453	1,843,124,110	200.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
3/30/2017 3:09 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	98,733,013	1.00
2.00	OP CARE ADULTS	90.12	0	336	2.00
3.00	RESEARCH-GCRC	191.01	0	345	3.00
4.00	BELTWAY SURGERY	192.06	0	9	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
74.00		0.00	0	0				74.00	
75.00		0.00	0	0				75.00	
76.00		0.00	0	0				76.00	
77.00		0.00	0	0				77.00	
78.00		0.00	0	0				78.00	
79.00		0.00	0	0				79.00	
80.00		0.00	0	0				80.00	
81.00		0.00	0	0				81.00	
82.00		0.00	0	0				82.00	
83.00		0.00	0	0				83.00	
84.00		0.00	0	0				84.00	
85.00		0.00	0	0				85.00	
86.00		0.00	0	0				86.00	
87.00		0.00	0	0				87.00	
88.00		0.00	0	0				88.00	
89.00		0.00	0	0				89.00	
90.00		0.00	0	0				90.00	
91.00		0.00	0	0				91.00	
92.00		0.00	0	0				92.00	
93.00		0.00	0	0				93.00	
94.00		0.00	0	0				94.00	
95.00		0.00	0	0				95.00	
96.00		0.00	0	0				96.00	
97.00		0.00	0	0				97.00	
98.00		0.00	0	0				98.00	
99.00		0.00	0	0				99.00	
100.00		0.00	0	0				100.00	
101.00		0.00	0	0				101.00	
102.00		0.00	0	0				102.00	
103.00		0.00	0	0				103.00	
0			0	98,733,703					
B - ADVERTISING									
1.00	NON-ALLOWABLE ADVERTISING	192.08	0	369,170				1.00	
2.00	RESPIRATORY THERAPY	65.00	0	104				2.00	
3.00		0.00	0	0				3.00	
4.00		0.00	0	0				4.00	
5.00		0.00	0	0				5.00	
6.00		0.00	0	0				6.00	
7.00		0.00	0	0				7.00	
8.00		0.00	0	0				8.00	
9.00		0.00	0	0				9.00	
10.00		0.00	0	0				10.00	
11.00		0.00	0	0				11.00	
12.00		0.00	0	0				12.00	
13.00		0.00	0	0				13.00	
14.00		0.00	0	0				14.00	
15.00		0.00	0	0				15.00	
16.00		0.00	0	0				16.00	
17.00		0.00	0	0				17.00	
18.00		0.00	0	0				18.00	
19.00		0.00	0	0				19.00	
0			0	369,274					
C - DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,662,014				1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	47,670,371				2.00	
3.00	SOCIAL SERVICE	17.00	0	5,735				3.00	
4.00		0.00	0	0				4.00	
5.00		0.00	0	0				5.00	
6.00		0.00	0	0				6.00	
7.00		0.00	0	0				7.00	
8.00		0.00	0	0				8.00	
9.00		0.00	0	0				9.00	
10.00		0.00	0	0				10.00	
11.00		0.00	0	0				11.00	
12.00		0.00	0	0				12.00	
13.00		0.00	0	0				13.00	
14.00		0.00	0	0				14.00	
15.00		0.00	0	0				15.00	
16.00		0.00	0	0				16.00	
17.00		0.00	0	0				17.00	
18.00		0.00	0	0				18.00	
19.00		0.00	0	0				19.00	
20.00		0.00	0	0				20.00	
21.00		0.00	0	0				21.00	

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
3/30/2017 3:09 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00
88.00		0.00	0	0		88.00
89.00		0.00	0	0		89.00
90.00		0.00	0	0		90.00
91.00		0.00	0	0		91.00
92.00		0.00	0	0		92.00
93.00		0.00	0	0		93.00
94.00		0.00	0	0		94.00
95.00		0.00	0	0		95.00

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
0		0	56,338,120		
D - SUPPLIES & IMPLANTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	91,962,683	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	40,651,631	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	70,283,977	3.00
4.00	PURCHASING, RECEIVING & STORES	5.03	0	13,097	4.00
5.00	RADIOISOTOPE	56.00	0	30,694	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00
88.00		0.00	0	0		88.00
89.00		0.00	0	0		89.00
90.00		0.00	0	0		90.00
91.00		0.00	0	0		91.00
92.00		0.00	0	0		92.00
0			0	202,942,082		
E - DRUGS						
1.00	PHARMACY	15.00	0	4,506,762		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	169,418,959		2.00
3.00	PURCHASING, RECEIVING & STORES	5.03	0	95		3.00
4.00	HOME HEALTH AGENCY	101.00	0	4,989		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
0			0	173,930,805	
F - BLOOD					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	534	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	8,312	2.00
3.00		0.00	0	0	3.00
0			0	8,846	
G - NURSERY & L&D					
1.00	NURSERY	43.00	1,467,376	373,817	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	5,735,975	1,025,840	2.00
0			7,203,351	1,399,657	
H - SLEEP LAB					
1.00	SLEEP LAB	90.11	129,150	0	1.00
0			129,150	0	
I - OB SERVICES					
1.00	NURSERY	43.00	80,443	804,171	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	314,454	2,206,829	2.00
0			394,897	3,011,000	
J - RADIOLOGY PARAMED					
1.00	PARAMED RADIOLOGY-METHODIST	23.02	514,684	39,373	1.00
0			514,684	39,373	
K - PHARMACIST PARAMED					
1.00	PARAMED PHARMACY	23.07	478,708	36,621	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			478,708	36,621	
L - PHARMACY TECH PARAMED					
1.00	PARAMED PHARMACY TECH	23.10	24,205	1,852	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			24,205	1,852	
M - CLINICAL LAB PARAMED					
1.00	PARAMED LAB SCIENCE PRO	23.06	144,923	11,087	1.00
2.00		0.00	0	0	2.00
0			144,923	11,087	
N - ORGAN					
1.00	LUNG ACQUISITION	108.00	278,285	56,618	1.00
2.00	HEART ACQUISITION	106.00	129,412	24,954	2.00
3.00	LIVER ACQUISITION	107.00	766,456	145,816	3.00
4.00	PANCREAS ACQUISITION	109.00	34,575	31,375	4.00
5.00	INTESTINAL ACQUISITION	110.00	179,122	23,068	5.00
0			1,387,850	281,831	
O - PRE-POST TRANSPLANT					
1.00	POST TRANSPLANT EXPENSES	112.01	3,218,075	476,581	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
0			3,218,075	476,581	

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
3/30/2017 3:09 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
Q - NON-TXPL EMPLOYEES					
1.00	KIDNEY ACQUISITION	105.00	48,739	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		48,739	0	
R - SURGICAL TECH PARAMED					
1.00	PARAMED SURGERY TECHNOLOGY	23.09	130,426	9,978	1.00
	0		130,426	9,978	
S - RENAL ADMIN					
1.00	HOME PROGRAM DIALYSIS	94.00	67,523	27,200	1.00
	0		67,523	27,200	
T - PHONE					
1.00	NONPATIENT TELEPHONES	5.01	0	62,430	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	0		0	62,430	
U - NEGATIVE SALARY RECLASS					
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,332	0	1.00
2.00	BELTWAY SURGERY	192.06	43	0	2.00
	0		1,375	0	
V - RADIO PHARM RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,560,706	1.00
2.00	CARDIAC CATH	76.03	0	162	2.00
3.00		0.00	0	0	3.00
	0		0	5,560,868	
W - PTO AS STD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,387,217	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
3/30/2017 3:09 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
	TOTALS		0	3,387,217		
500.00	Grand Total: Increases		13,743,906	546,628,525		500.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
3/30/2017 3:09 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,455,333	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	46,284	0	2.00
3.00	OPERATION OF PLANT	7.00	0	97,594	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	356	0	4.00
5.00	HOUSEKEEPING - SAXONY	9.04	0	85,316	0	5.00
6.00	HOUSEKEEPING - MORGAN	9.05	0	116,042	0	6.00
7.00	DIETARY	10.00	0	1,397,417	0	7.00
8.00	CAFETERIA	11.00	0	47,083	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,343,575	0	9.00
10.00	PARAMEDICAL ADMINISTRATION	13.01	0	28,594	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	718,409	0	11.00
12.00	PHARMACY	15.00	0	3,983,413	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	35,071	0	13.00
14.00	SOCIAL SERVICE	17.00	0	747,799	0	14.00
15.00	PATIENT TRANSPORTATION	18.00	0	484,511	0	15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	4,880,779	0	16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	35,677	0	17.00
18.00	PARAMED RADIOLOGY-METHODIST	23.02	0	53,516	0	18.00
19.00	PARAMED RESPIRATORY THERAPY	23.03	0	49,083	0	19.00
20.00	PARAMED EMERGENCY	23.04	0	18,488	0	20.00
21.00	PARAMED PASTORAL EDUCATION	23.05	0	140,355	0	21.00
22.00	PARAMED LAB SCIENCE PRO	23.06	0	24,397	0	22.00
23.00	PARAMED PHARMACY	23.07	0	120,704	0	23.00
24.00	PARAMED SURGERY TECHNOLOGY	23.09	0	29,744	0	24.00
25.00	PARAMED PHARMACY TECH	23.10	0	43,220	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	0	19,200,053	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	0	2,180,485	0	27.00
28.00	CORONARY CARE UNIT	32.00	0	2,292,269	0	28.00
29.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	2,661,527	0	29.00
30.00	BURN INTENSIVE CARE UNIT	33.00	0	224,246	0	30.00
31.00	UH SURGIC	34.02	0	401,921	0	31.00
32.00	RH PEDI C	34.04	0	1,299,028	0	32.00
33.00	TRANSPLANT ICU	34.05	0	292,076	0	33.00
34.00	PEDS CANCER CARE	34.06	0	240,457	0	34.00
35.00	SUBPROVIDER - IPF	40.00	0	450,002	0	35.00
36.00	OPERATING ROOM	50.00	0	5,536,510	0	36.00
37.00	ENDOSCOPY	50.01	0	227,681	0	37.00
38.00	RECOVERY ROOM	51.00	0	1,166,624	0	38.00
39.00	DELIVERY ROOM & LABOR ROOM	52.00	0	887	0	39.00
40.00	ANESTHESIOLOGY	53.00	0	254,646	0	40.00
41.00	PULMONARY FUNCTION TESTING	53.01	0	482,219	0	41.00
42.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,728,294	0	42.00
43.00	RADIOLOGY-THERAPEUTIC	55.00	0	689,615	0	43.00
44.00	RADIOISOTOPE	56.00	0	127,162	0	44.00
45.00	CARDIAC CATHETERIZATION	59.00	0	105,551	0	45.00
46.00	LABORATORY	60.00	0	8,979,903	0	46.00
47.00	TRANSPLANT IMMUNOLOGY	60.01	0	181,191	0	47.00
48.00	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	532,293	0	48.00
49.00	RESPIRATORY THERAPY	65.00	0	3,156,839	0	49.00
50.00	PHYSICAL THERAPY	66.00	0	2,005,445	0	50.00
51.00	OCCUPATIONAL THERAPY	67.00	0	490,700	0	51.00
52.00	SPEECH PATHOLOGY	68.00	0	594,422	0	52.00
53.00	ELECTROCARDIOLOGY	69.00	0	699,810	0	53.00
54.00	ELECTROENCEPHALOGRAPHY	70.00	0	602,689	0	54.00
55.00	OUTPATIENT RETAIL PHARMACY	73.03	0	948,928	0	55.00
56.00	RENAL DIALYSIS	74.00	0	1,044,116	0	56.00
57.00	RH NBN ECMO IC	76.00	0	33,380	0	57.00
58.00	CARDIOLOGY	76.01	0	106,931	0	58.00
59.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	22,263	0	59.00
60.00	CARDIAC CATH	76.03	0	552,687	0	60.00
61.00	DAY SURGERY	76.04	0	517,429	0	61.00
62.00	ECMO-ADULT	76.08	0	41,305	0	62.00
63.00	CARDIAC REHABILITATION	76.97	0	66,098	0	63.00
64.00	AMB SVC-OB & GYN	90.01	0	376,043	0	64.00
65.00	IUSCC HEM/ONC	90.02	0	2,375,883	0	65.00
66.00	AMB SVC-OPHTHALMOLOGY	90.03	0	78,728	0	66.00
67.00	AMB SVC-PSYCH ADULT	90.04	0	73,001	0	67.00
68.00	OUTPATIENT SURGERY	90.06	0	376,364	0	68.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
3/30/2017 3:09 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
69.00	AMB SVC-RI LEY CLINICS	90.07	0	775,079	0	69.00	
70.00	MOTILITY LAB	90.08	0	18,082	0	70.00	
71.00	CLINICAL GERIATRICS	90.10	0	154	0	71.00	
72.00	SLEEP LAB	90.11	0	409,030	0	72.00	
73.00	ARTHRTIS CLINIC	90.14	0	19,521	0	73.00	
74.00	PHYSICAL MEDICINE	90.17	0	194,448	0	74.00	
75.00	DERMATOLOGY CLINIC	90.18	0	152,487	0	75.00	
76.00	INFUSION/HEM/ONC	90.19	0	77,111	0	76.00	
77.00	IUMG - MH	90.20	0	52,987	0	77.00	
78.00	OP REHAB CLINIC	90.21	0	23,255	0	78.00	
79.00	EATING DISORDERS CLINIC	90.22	0	160,121	0	79.00	
80.00	GASTROENTEROLOGY CLINIC	90.23	0	151,225	0	80.00	
81.00	LIFE CARE CLINIC	90.24	0	197,533	0	81.00	
82.00	EMERGENCY	91.00	0	3,340,141	0	82.00	
83.00	HOME PROGRAM DIALYSIS	94.00	0	134,238	0	83.00	
84.00	AMBULANCE SERVICES	95.00	0	1,319,770	0	84.00	
85.00	HOME HEALTH AGENCY	101.00	0	2,994,605	0	85.00	
86.00	KIDNEY ACQUISITION	105.00	0	742,687	0	86.00	
87.00	HEART ACQUISITION	106.00	0	86,411	0	87.00	
88.00	LIVER ACQUISITION	107.00	0	234,741	0	88.00	
89.00	LUNG ACQUISITION	108.00	0	106,846	0	89.00	
90.00	PANCREAS ACQUISITION	109.00	0	61,108	0	90.00	
91.00	INTESTINAL ACQUISITION	110.00	0	42,314	0	91.00	
92.00	OTHER ORGAN ACQUISITION	112.00	0	26,792	0	92.00	
93.00	HOSPICE	116.00	0	628,071	0	93.00	
94.00	RESEARCH	191.00	0	52,920	0	94.00	
95.00	OSA	191.02	0	226,718	0	95.00	
96.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	63,533	0	96.00	
97.00	OTHER	192.01	0	978,785	0	97.00	
98.00	NONREIMBURSABLE-METHODIST		0		0		
98.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	34,936	0	98.00	
99.00	MHH RADIOLOGY	192.04	0	16,550	0	99.00	
100.00	RHI	192.07	0	40,127	0	100.00	
101.00	NON-ALLOWABLE ADVERTISING	192.08	0	866,474	0	101.00	
102.00	ARTHRTIS CLINIC - NR	192.09	0	4,303	0	102.00	
103.00	CARDIO PHYSICIANS	192.10	0	100,139	0	103.00	
	O		0	98,733,703			
B - ADVERTISING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	194,579	0	1.00	
2.00	DIETARY	10.00	0	1,041	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	129,297	0	3.00	
4.00	PHARMACY	15.00	0	1,014	0	4.00	
5.00	PARAMED PHARMACY	23.07	0	214	0	5.00	
6.00	BURN INTENSIVE CARE UNIT	33.00	0	95	0	6.00	
7.00	LABORATORY	60.00	0	654	0	7.00	
8.00	ELECTROCARDIOLOGY	69.00	0	153	0	8.00	
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	43	0	9.00	
10.00	OUTPATIENT RETAIL PHARMACY	73.03	0	869	0	10.00	
11.00	SLEEP LAB	90.11	0	2,323	0	11.00	
12.00	ARTHRTIS CLINIC	90.14	0	1,788	0	12.00	
13.00	EATING DISORDERS CLINIC	90.22	0	77	0	13.00	
14.00	EMERGENCY	91.00	0	7,930	0	14.00	
15.00	AMBULANCE SERVICES	95.00	0	26,988	0	15.00	
16.00	HOME HEALTH AGENCY	101.00	0	857	0	16.00	
17.00	KIDNEY ACQUISITION	105.00	0	1,106	0	17.00	
18.00	HOSPICE	116.00	0	26	0	18.00	
19.00	OTHER	192.01	0	220	0	19.00	
	O		0	369,274			
C - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,368	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	1,254	9	2.00	
3.00	DATA PROCESSING	5.02	0	70,229	9	3.00	
4.00	PURCHASING, RECEIVING & STORES	5.03	0	93,215	0	4.00	
5.00	ADMINISTRATION	5.04	0	4,858	0	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,159,644	0	6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	45,835	0	7.00	
8.00	OPERATION OF PLANT	7.00	0	94,974	0	8.00	
9.00	LAUNDRY & LINEN SERVICE	8.00	0	1,999	0	9.00	
10.00	HOUSEKEEPING - SAXONY	9.04	0	16,375	0	10.00	
11.00	HOUSEKEEPING - MORGAN	9.05	0	1,833	0	11.00	

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
3/30/2017 3:09 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
12.00	DIETARY	10.00	0	105,073	0			12.00
13.00	CAFETERIA	11.00	0	14,702	0			13.00
14.00	NURSING ADMINISTRATION	13.00	0	164,295	0			14.00
15.00	PARAMED ED ADMINISTRATION	13.01	0	9,618	0			15.00
16.00	CENTRAL SERVICES & SUPPLY	14.00	0	625,749	0			16.00
17.00	PHARMACY	15.00	0	1,141,577	0			17.00
18.00	PATIENT TRANSPORTATION	18.00	0	54,934	0			18.00
19.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	3,788	0			19.00
20.00	PARAMED RESPIRATORY THERAPY	23.03	0	16,746	0			20.00
21.00	PARAMED PHARMACY	23.07	0	2,283	0			21.00
22.00	ADULTS & PEDIATRICS	30.00	0	3,232,443	0			22.00
23.00	INTENSIVE CARE UNIT	31.00	0	151,514	0			23.00
24.00	CORONARY CARE UNIT	32.00	0	132,797	0			24.00
25.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	191,088	0			25.00
26.00	BURN INTENSIVE CARE UNIT	33.00	0	25,445	0			26.00
27.00	UH SURG 61C	34.02	0	62,386	0			27.00
28.00	RH PEDI C	34.04	0	164,091	0			28.00
29.00	TRANSPLANT ICU	34.05	0	1,801	0			29.00
30.00	PEDS CANCER CARE	34.06	0	163,790	0			30.00
31.00	SUBPROVIDER - IPF	40.00	0	14,915	0			31.00
32.00	OPERATING ROOM	50.00	0	9,741,617	0			32.00
33.00	ENDOSCOPY	50.01	0	208,431	0			33.00
34.00	RECOVERY ROOM	51.00	0	291,777	0			34.00
35.00	ANESTHESIOLOGY	53.00	0	410,008	0			35.00
36.00	PULMONARY FUNCTION TESTING	53.01	0	108,663	0			36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,214,809	0			37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	846,435	0			38.00
39.00	RADIOISOTOPE	56.00	0	413,837	0			39.00
40.00	CARDIAC CATHETERIZATION	59.00	0	700,250	0			40.00
41.00	LABORATORY	60.00	0	6,749,292	0			41.00
42.00	TRANSPLANT IMMUNOLOGY	60.01	0	22,339	0			42.00
43.00	BONE MARROW TRANSPLANT LAB	60.02	0	1,122	0			43.00
44.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	47,480	0			44.00
45.00	RESPIRATORY THERAPY	65.00	0	909,648	0			45.00
46.00	PHYSICAL THERAPY	66.00	0	172,708	0			46.00
47.00	OCCUPATIONAL THERAPY	67.00	0	3,174	0			47.00
48.00	SPEECH PATHOLOGY	68.00	0	172,252	0			48.00
49.00	ELECTROCARDIOLOGY	69.00	0	479,484	0			49.00
50.00	ELECTROENCEPHALOGRAPHY	70.00	0	726,980	0			50.00
51.00	OUTPATIENT RETAIL PHARMACY	73.03	0	123,094	0			51.00
52.00	RENAL DIALYSIS	74.00	0	331,448	0			52.00
53.00	RH NBN ECMO IC	76.00	0	11,691	0			53.00
54.00	CARDIOLOGY	76.01	0	355,550	0			54.00
55.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	24,441	0			55.00
56.00	CARDIAC CATH	76.03	0	339,868	0			56.00
57.00	DAY SURGERY	76.04	0	13,394	0			57.00
58.00	CARDIAC REHABILITATION	76.97	0	22,703	0			58.00
59.00	AMB SVC-OB & GYN	90.01	0	134,115	0			59.00
60.00	IUSCC HEM/ONC	90.02	0	1,750,245	0			60.00
61.00	AMB SVC-OPHTHALMOLOGY	90.03	0	204,968	0			61.00
62.00	AMB SVC-PSYCH ADULT	90.04	0	15,111	0			62.00
63.00	OUTPATIENT SURGERY	90.06	0	88,929	0			63.00
64.00	AMB SVC-RILEY CLINICS	90.07	0	135,460	0			64.00
65.00	MOTILITY LAB	90.08	0	26,971	0			65.00
66.00	CLINICAL GERIATRICS	90.10	0	1,655	0			66.00
67.00	SLEEP LAB	90.11	0	216,464	0			67.00
68.00	OP CARE ADULTS	90.12	0	1,313	0			68.00
69.00	ARTHRTIS CLINIC	90.14	0	21,401	0			69.00
70.00	PHYSICAL MEDICINE	90.17	0	2,984	0			70.00
71.00	DERMATOLOGY CLINIC	90.18	0	58,779	0			71.00
72.00	INFUSION/HEM/ONC	90.19	0	26,500	0			72.00
73.00	IUMG - MH	90.20	0	700	0			73.00
74.00	OP REHAB CLINIC	90.21	0	1,417	0			74.00
75.00	EATING DISORDERS CLINIC	90.22	0	20,812	0			75.00
76.00	LIFE CARE CLINIC	90.24	0	1,466	0			76.00
77.00	EMERGENCY	91.00	0	511,298	0			77.00
78.00	HOME PROGRAM DIALYSIS	94.00	0	60,406	0			78.00
79.00	AMBULANCE SERVICES	95.00	0	2,120,402	0			79.00
80.00	HOME HEALTH AGENCY	101.00	0	103,604	0			80.00
81.00	KIDNEY ACQUISITION	105.00	0	394,223	0			81.00
82.00	HEART ACQUISITION	106.00	0	6,094	0			82.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
3/30/2017 3:09 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
83.00	LIVER ACQUISITION	107.00	0	2,906	0	83.00	
84.00	LUNG ACQUISITION	108.00	0	2,752	0	84.00	
85.00	OTHER ORGAN ACQUISITION	112.00	0	10,710	0	85.00	
86.00	HOSPICE	116.00	0	18,000	0	86.00	
87.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	788	0	87.00	
88.00	RESEARCH	191.00	0	2,572	0	88.00	
89.00	OSA	191.02	0	2,325	0	89.00	
90.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,689	0	90.00	
91.00	OTHER	192.01	0	462,382	0	91.00	
92.00	NONREIMBURSABLE-METHODIST						
92.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	10,631	0	92.00	
93.00	RHI	192.07	0	47,042	0	93.00	
94.00	NON-ALLOWABLE ADVERTISING	192.08	0	638,746	0	94.00	
95.00	CARDIO PHYSICIANS	192.10	0	16,146	0	95.00	
	0		0	56,338,120			
D - SUPPLIES & IMPLANTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	746	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	78	0	2.00	
3.00	DATA PROCESSING	5.02	0	42	0	3.00	
4.00	ADMINISTRATIVE	5.04	0	85	0	4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	92,695	0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	0	24,577	0	6.00	
7.00	OPERATION OF PLANT	7.00	0	1,779	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	0	94,046	0	8.00	
9.00	HOUSEKEEPING - SAXONY	9.04	0	2,216	0	9.00	
10.00	HOUSEKEEPING - MORGAN	9.05	0	6,507	0	10.00	
11.00	DIETARY	10.00	0	5,126	0	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	13,204	0	12.00	
13.00	PARAMEDICAL ADMINISTRATION	13.01	0	64	0	13.00	
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,164,419	0	14.00	
15.00	PHARMACY	15.00	0	1,885,942	0	15.00	
16.00	SOCIAL SERVICE	17.00	0	62	0	16.00	
17.00	PATIENT TRANSPORTATION	18.00	0	4,073	0	17.00	
18.00	PARAMEDICAL RESPIRATORY THERAPY	23.03	0	3,043	0	18.00	
19.00	PARAMEDICAL LAB SCIENCE PRO	23.06	0	8,282	0	19.00	
20.00	PARAMEDICAL PHARMACY TECH	23.10	0	1,220	0	20.00	
21.00	ADULTS & PEDIATRICS	30.00	0	11,888,973	0	21.00	
22.00	INTENSIVE CARE UNIT	31.00	0	2,007,631	0	22.00	
23.00	CORONARY CARE UNIT	32.00	0	2,404,844	0	23.00	
24.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	1,840,222	0	24.00	
25.00	BURN INTENSIVE CARE UNIT	33.00	0	174,341	0	25.00	
26.00	UH SURGICAL	34.02	0	655,854	0	26.00	
27.00	RH PEDIATRIC	34.04	0	1,218,651	0	27.00	
28.00	TRANSPLANT ICU	34.05	0	402,319	0	28.00	
29.00	PEDS CANCER CARE	34.06	0	120,101	0	29.00	
30.00	SUBPROVIDER - IPF	40.00	0	39,100	0	30.00	
31.00	OPERATING ROOM	50.00	0	92,850,642	0	31.00	
32.00	ENDOSCOPY	50.01	0	1,032,734	0	32.00	
33.00	RECOVERY ROOM	51.00	0	447,454	0	33.00	
34.00	ANESTHESIOLOGY	53.00	0	3,103,860	0	34.00	
35.00	PULMONARY FUNCTION TESTING	53.01	0	178,018	0	35.00	
36.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,770,323	0	36.00	
37.00	RADIOLOGY-THERAPEUTIC	55.00	0	260,951	0	37.00	
38.00	CARDIAC CATHETERIZATION	59.00	0	4,336,363	0	38.00	
39.00	LABORATORY	60.00	0	33,584,053	0	39.00	
40.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,205,008	0	40.00	
41.00	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	915,758	0	41.00	
42.00	RESPIRATORY THERAPY	65.00	0	1,374,505	0	42.00	
43.00	PHYSICAL THERAPY	66.00	0	626,188	0	43.00	
44.00	OCCUPATIONAL THERAPY	67.00	0	107,088	0	44.00	
45.00	SPEECH PATHOLOGY	68.00	0	1,904,774	0	45.00	
46.00	ELECTROCARDIOLOGY	69.00	0	98,018	0	46.00	
47.00	ELECTROENCEPHALOGRAPHY	70.00	0	224,540	0	47.00	
48.00	OUTPATIENT RETAIL PHARMACY	73.03	0	137,887	0	48.00	
49.00	RENAL DIALYSIS	74.00	0	1,861,459	0	49.00	
50.00	RH NBN ECMO IC	76.00	0	212,683	0	50.00	
51.00	CARDIOLOGY	76.01	0	7,246,653	0	51.00	
52.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	28,633	0	52.00	
53.00	CARDIAC CATH	76.03	0	7,214,739	0	53.00	
54.00	DAY SURGERY	76.04	0	632,535	0	54.00	

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
3/30/2017 3:09 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
55.00	ECMO-ADULT	76.08	0	284	0		55.00	
56.00	CARDIAC REHABILITATION	76.97	0	9,862	0		56.00	
57.00	AMB SVC-OB & GYN	90.01	0	52,960	0		57.00	
58.00	IUSCC HEM/ONC	90.02	0	1,699,151	0		58.00	
59.00	AMB SVC-OPHTHALMOLOGY	90.03	0	4,437	0		59.00	
60.00	AMB SVC-PSYCH ADULT	90.04	0	2,491	0		60.00	
61.00	OUTPATIENT SURGERY	90.06	0	54,427	0		61.00	
62.00	AMB SVC-RILEY CLINICS	90.07	0	206,733	0		62.00	
63.00	MOTILITY LAB	90.08	0	72,738	0		63.00	
64.00	SLEEP LAB	90.11	0	95,476	0		64.00	
65.00	OP CARE ADULTS	90.12	0	558	0		65.00	
66.00	ARTHRTIS CLINIC	90.14	0	19,192	0		66.00	
67.00	PHYSICAL MEDICINE	90.17	0	11,530	0		67.00	
68.00	DERMATOLOGY CLINIC	90.18	0	94,704	0		68.00	
69.00	INFUSION/HEM/ONC	90.19	0	32,669	0		69.00	
70.00	OP REHAB CLINIC	90.21	0	1,824	0		70.00	
71.00	EATING DISORDERS CLINIC	90.22	0	742	0		71.00	
72.00	GASTROENTEROLOGY CLINIC	90.23	0	14,097	0		72.00	
73.00	LIFE CARE CLINIC	90.24	0	2,409	0		73.00	
74.00	EMERGENCY	91.00	0	2,561,389	0		74.00	
75.00	HOME PROGRAM DIALYSIS	94.00	0	2,255,666	0		75.00	
76.00	AMBULANCE SERVICES	95.00	0	265,125	0		76.00	
77.00	HOME HEALTH AGENCY	101.00	0	422,770	0		77.00	
78.00	KIDNEY ACQUISITION	105.00	0	327,366	0		78.00	
79.00	HEART ACQUISITION	106.00	0	6	0		79.00	
80.00	LIVER ACQUISITION	107.00	0	18	0		80.00	
81.00	LUNG ACQUISITION	108.00	0	11,121	0		81.00	
82.00	HOSPICE	116.00	0	78,608	0		82.00	
83.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	483	0		83.00	
84.00	RESEARCH	191.00	0	30,333	0		84.00	
85.00	RESEARCH-GCRC	191.01	0	59,439	0		85.00	
86.00	OSA	191.02	0	26,227	0		86.00	
87.00	OTHER	192.01	0	62,517	0		87.00	
88.00	NONREIMBURSABLE-METHODIST	192.02	0	97	0		88.00	
89.00	RHI	192.07	0	20,730	0		89.00	
90.00	NON-ALLOWABLE ADVERTISING	192.08	0	3,827	0		90.00	
91.00	ARTHRTIS CLINIC - NR	192.09	0	4,453	0		91.00	
92.00	CARDIO PHYSICIANS	192.10	0	20,515	0		92.00	
			0	202,942,082				
E - DRUGS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2	0		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,338	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	0	59	0		3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,387	0		4.00	
5.00	PHARMACY	15.00	0	89,663,106	0		5.00	
6.00	PARAMED RESPIRATORY THERAPY	23.03	0	116	0		6.00	
7.00	PARAMED PHARMACY TECH	23.10	0	233	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	601,640	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	122,432	0		9.00	
10.00	CORONARY CARE UNIT	32.00	0	276,196	0		10.00	
11.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	217,059	0		11.00	
12.00	BURN INTENSIVE CARE UNIT	33.00	0	9,409	0		12.00	
13.00	UH SURG 61C	34.02	0	32,810	0		13.00	
14.00	RH PEDI C	34.04	0	125,355	0		14.00	
15.00	TRANSPLANT ICU	34.05	0	10,081	0		15.00	
16.00	PEDS CANCER CARE	34.06	0	28,151	0		16.00	
17.00	SUBPROVIDER - IPF	40.00	0	325	0		17.00	
18.00	OPERATING ROOM	50.00	0	914,063	0		18.00	
19.00	ENDOSCOPY	50.01	0	15,638	0		19.00	
20.00	RECOVERY ROOM	51.00	0	53,686	0		20.00	
21.00	ANESTHESIOLOGY	53.00	0	1,343,313	0		21.00	
22.00	PULMONARY FUNCTION TESTING	53.01	0	20,782	0		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,987,571	0		23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,296	0		24.00	
25.00	RADIOISOTOPE	56.00	0	373,540	0		25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	76,118	0		26.00	
27.00	LABORATORY	60.00	0	111,373	0		27.00	
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	728	0		28.00	
29.00	RESPIRATORY THERAPY	65.00	0	2,624,888	0		29.00	
30.00	PHYSICAL THERAPY	66.00	0	38,893	0		30.00	

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
3/30/2017 3:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
31.00	SPEECH PATHOLOGY	68.00	0	13,429	0	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	3,086	0	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	16	0	33.00	
34.00	RENAL DIALYSIS	74.00	0	2,040,173	0	34.00	
35.00	RH NBN ECMO IC	76.00	0	15,119	0	35.00	
36.00	CARDIOLOGY	76.01	0	25,596	0	36.00	
37.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	19	0	37.00	
38.00	CARDIAC CATH	76.03	0	211,163	0	38.00	
39.00	DAY SURGERY	76.04	0	47,422	0	39.00	
40.00	CARDIAC REHABILITATION	76.97	0	18	0	40.00	
41.00	AMB SVC-OB & GYN	90.01	0	458,602	0	41.00	
42.00	IUSCC HEM/ONC	90.02	0	57,471,789	0	42.00	
43.00	AMB SVC-OPHTHALMOLOGY	90.03	0	276,124	0	43.00	
44.00	OUTPATIENT SURGERY	90.06	0	9,586	0	44.00	
45.00	AMB SVC-RILEY CLINICS	90.07	0	714,595	0	45.00	
46.00	MOTILITY LAB	90.08	0	149	0	46.00	
47.00	ARTHRTIS CLINIC	90.14	0	5,530,093	0	47.00	
48.00	PHYSICAL MEDICINE	90.17	0	225,219	0	48.00	
49.00	DERMATOLOGY CLINIC	90.18	0	14,082	0	49.00	
50.00	INFUSION/HEM/ONC	90.19	0	26,127	0	50.00	
51.00	OP REHAB CLINIC	90.21	0	368,178	0	51.00	
52.00	GASTROENTEROLOGY CLINIC	90.23	0	3,992	0	52.00	
53.00	LIFE CARE CLINIC	90.24	0	91,912	0	53.00	
54.00	EMERGENCY	91.00	0	197,199	0	54.00	
55.00	HOME PROGRAM DIALYSIS	94.00	0	1,375,401	0	55.00	
56.00	AMBULANCE SERVICES	95.00	0	85,780	0	56.00	
57.00	KIDNEY ACQUISITION	105.00	0	37,233	0	57.00	
58.00	HEART ACQUISITION	106.00	0	42,894	0	58.00	
59.00	LIVER ACQUISITION	107.00	0	14,466	0	59.00	
60.00	LUNG ACQUISITION	108.00	0	158,295	0	60.00	
61.00	HOSPICE	116.00	0	805,980	0	61.00	
62.00	RESEARCH	191.00	0	1,697	0	62.00	
63.00	RESEARCH-GCRC	191.01	0	15,964	0	63.00	
64.00	OTHER	192.01	0	3,338,406	0	64.00	
65.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	2,084	0	65.00	
66.00	NON-ALLOWABLE ADVERTISING	192.08	0	931	0	66.00	
67.00	ARTHRTIS CLINIC - NR	192.09	0	1,555,090	0	67.00	
68.00	CARDIO PHYSICIANS	192.10	0	75,308	0	68.00	
				173,930,805			
F - BLOOD							
1.00	OPERATING ROOM	50.00	0	697	0	1.00	
2.00	LABORATORY	60.00	0	7,376	0	2.00	
3.00	CARDIAC CATH	76.03	0	773	0	3.00	
				8,846			
G - NURSERY & L&D							
1.00	ADULTS & PEDIATRICS	30.00	7,203,351	1,399,657	0	1.00	
2.00		0.00	0	0	0	2.00	
			7,203,351	1,399,657			
H - SLEEP LAB							
1.00	HOME HEALTH AGENCY	101.00	129,150	0	0	1.00	
			129,150	0			
I - OB SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	394,897	3,011,000	0	1.00	
2.00		0.00	0	0	0	2.00	
			394,897	3,011,000			
J - RADIOLOGY PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	514,684	39,373	0	1.00	
			514,684	39,373			
K - PHARMACIST PARAMED							
1.00	PHARMACY	15.00	466,155	35,661	0	1.00	
2.00	IUSCC HEM/ONC	90.02	10,194	780	0	2.00	
3.00	EMERGENCY	91.00	2,359	180	0	3.00	
			478,708	36,621			
L - PHARMACY TECH PARAMED							
1.00	PHARMACY	15.00	7,689	589	0	1.00	
2.00	OUTPATIENT RETAIL PHARMACY	73.03	13,496	1,032	0	2.00	
3.00	HOME HEALTH AGENCY	101.00	3,020	231	0	3.00	
			24,205	1,852			
M - CLINICAL LAB PARAMED							
1.00	LABORATORY	60.00	128,320	9,817	0	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	16,603	1,270	0	2.00	

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
3/30/2017 3:09 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0		144,923	11,087		
N - ORGAN						
1.00	KIDNEY ACQUISITION	105.00	1,387,850	281,831	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	0		1,387,850	281,831		
O - PRE-POST TRANSPLANT						
1.00	LUNG ACQUISITION	108.00	488,367	63,550	0	1.00
2.00	KIDNEY ACQUISITION	105.00	1,065,385	130,013	0	2.00
3.00	HEART ACQUISITION	106.00	405,705	52,683	0	3.00
4.00	LIVER ACQUISITION	107.00	918,060	192,675	0	4.00
5.00	PANCREAS ACQUISITION	109.00	88,498	13,214	0	5.00
6.00	INTESTINAL ACQUISITION	110.00	252,060	24,446	0	6.00
	0		3,218,075	476,581		
Q - NON-TXPL EMPLOYEES						
1.00	DIETARY	10.00	29,121	0	0	1.00
2.00	PHARMACY	15.00	7,041	0	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	12,577	0	0	3.00
	0		48,739	0		
R - SURGICAL TECH PARAMED						
1.00	OPERATING ROOM	50.00	130,426	9,978	0	1.00
	0		130,426	9,978		
S - RENAL ADMIN						
1.00	RENAL DIALYSIS	74.00	67,523	27,200	0	1.00
	0		67,523	27,200		
T - PHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	232	0	1.00
2.00	DIETARY	10.00	0	297	0	2.00
3.00	SOCIAL SERVICE	17.00	0	1,833	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	5,460	0	4.00
5.00	CORONARY CARE UNIT	32.00	0	357	0	5.00
6.00	OPERATING ROOM	50.00	0	11,786	0	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	224	0	7.00
8.00	LABORATORY	60.00	0	1,392	0	8.00
9.00	CARDIAC CATH	76.03	0	526	0	9.00
10.00	IUSCC HEM/ONC	90.02	0	26,224	0	10.00
11.00	PHYSICAL MEDICINE	90.17	0	1,117	0	11.00
12.00	EMERGENCY	91.00	0	892	0	12.00
13.00	AMBULANCE SERVICES	95.00	0	6,744	0	13.00
14.00	HOME HEALTH AGENCY	101.00	0	930	0	14.00
15.00	KIDNEY ACQUISITION	105.00	0	1,921	0	15.00
16.00	LIVER ACQUISITION	107.00	0	464	0	16.00
17.00	HOSPICE	116.00	0	875	0	17.00
18.00	OTHER	192.01	0	1,156	0	18.00
	NONREIMBURSABLE-METHODIST					
	0		0	62,430		
U - NEGATIVE SALARY RECLASS						
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,332	0	1.00
2.00	BELTWAY SURGERY	192.06	0	43	0	2.00
	0		0	1,375		
V - RADIO PHARM RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	729	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	690,912	0	2.00
3.00	RADIOISOTOPE	56.00	0	4,869,227	0	3.00
	0		0	5,560,868		
W - PTO AS STD						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	67,539	0	0	1.00
2.00	DIETARY	10.00	79,306	0	0	2.00
3.00	NURSING ADMINISTRATION	13.00	71,766	0	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	10,565	0	0	4.00
5.00	PHARMACY	15.00	218,887	0	0	5.00
6.00	SOCIAL SERVICE	17.00	18,400	0	0	6.00
7.00	PATIENT TRANSPORTATION	18.00	8,078	0	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	757,026	0	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	99,860	0	0	9.00
10.00	CORONARY CARE UNIT	32.00	121,998	0	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	32.01	149,059	0	0	11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	15,168	0	0	12.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
3/30/2017 3:09 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
13.00	UH SURG 61C	34.02	4,267	0	0		13.00	
14.00	RH PED IC	34.04	68,114	0	0		14.00	
15.00	TRANSPLANT ICU	34.05	12,955	0	0		15.00	
16.00	PEDS CANCER CARE	34.06	10,178	0	0		16.00	
17.00	SUBPROVIDER - IPF	40.00	11,428	0	0		17.00	
18.00	OPERATING ROOM	50.00	218,330	0	0		18.00	
19.00	ENDOSCOPY	50.01	10,402	0	0		19.00	
20.00	RECOVERY ROOM	51.00	45,356	0	0		20.00	
21.00	ANESTHESIOLOGY	53.00	16,168	0	0		21.00	
22.00	PULMONARY FUNCTION TESTING	53.01	17,061	0	0		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	172,905	0	0		23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	7,429	0	0		24.00	
25.00	RADIOISOTOPE	56.00	2,159	0	0		25.00	
26.00	LABORATORY	60.00	204,411	0	0		26.00	
27.00	TRANSPLANT IMMUNOLOGY	60.01	423	0	0		27.00	
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	27,356	0	0		28.00	
29.00	RESPIRATORY THERAPY	65.00	203,145	0	0		29.00	
30.00	PHYSICAL THERAPY	66.00	74,573	0	0		30.00	
31.00	OCCUPATIONAL THERAPY	67.00	31,811	0	0		31.00	
32.00	SPEECH PATHOLOGY	68.00	23,483	0	0		32.00	
33.00	ELECTROCARDIOLOGY	69.00	19,915	0	0		33.00	
34.00	ELECTROENCEPHALOGRAPHY	70.00	26,331	0	0		34.00	
35.00	OUTPATIENT RETAIL PHARMACY	73.03	22,609	0	0		35.00	
36.00	RENAL DIALYSIS	74.00	37,495	0	0		36.00	
37.00	CARDIOLOGY	76.01	5,637	0	0		37.00	
38.00	CARDIAC CATH	76.03	13,393	0	0		38.00	
39.00	DAY SURGERY	76.04	53,557	0	0		39.00	
40.00	AMB SVC-OB & GYN	90.01	10,250	0	0		40.00	
41.00	IUSCC HEM/ONC	90.02	76,649	0	0		41.00	
42.00	OUTPATIENT SURGERY	90.06	8,556	0	0		42.00	
43.00	AMB SVC-RILEY CLINICS	90.07	7,683	0	0		43.00	
44.00	SLEEP LAB	90.11	1,893	0	0		44.00	
45.00	PHYSICAL MEDICINE	90.17	1,703	0	0		45.00	
46.00	DERMATOLOGY CLINIC	90.18	1,197	0	0		46.00	
47.00	INFUSION/HEM/ONC	90.19	2,243	0	0		47.00	
48.00	GASTROENTEROLOGY CLINIC	90.23	13,963	0	0		48.00	
49.00	EMERGENCY	91.00	98,520	0	0		49.00	
50.00	HOME PROGRAM DIALYSIS	94.00	1,746	0	0		50.00	
51.00	AMBULANCE SERVICES	95.00	36,034	0	0		51.00	
52.00	HOME HEALTH AGENCY	101.00	83,506	0	0		52.00	
53.00	KIDNEY ACQUISITION	105.00	35,664	0	0		53.00	
54.00	HEART ACQUISITION	106.00	2,004	0	0		54.00	
55.00	LIVER ACQUISITION	107.00	3,066	0	0		55.00	
56.00	LUNG ACQUISITION	108.00	710	0	0		56.00	
57.00	PANCREAS ACQUISITION	109.00	2,731	0	0		57.00	
58.00	INTESTINAL ACQUISITION	110.00	628	0	0		58.00	
59.00	HOSPICE	116.00	7,849	0	0		59.00	
60.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	544	0	0		60.00	
61.00	OTHER	192.01	11,068	0	0		61.00	
62.00	NONREIMBURSABLE-METHODIST							
62.00	NON-ALLOWABLE ADVERTISING	192.08	16,337	0	0		62.00	
63.00	CARDIO PHYSICIANS	192.10	4,130	0	0		63.00	
	TOTALS		3,387,217	0	0			
500.00	Grand Total: Decreases		17,129,748	543,242,683			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	139,109,177	0	0	0	0	1.00
2.00	Land Improvements	39,278,852	0	0	0	528,995	2.00
3.00	Buildings and Fixtures	1,224,136,599	1,678,000	0	1,678,000	8,564,190	3.00
4.00	Building Improvements	748,444,698	1,386,631	0	1,386,631	2,198,586	4.00
5.00	Fixed Equipment	50,527,048	0	0	0	0	5.00
6.00	Movable Equipment	1,291,938,519	24,326,047	0	24,326,047	15,972,338	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,493,434,893	27,390,678	0	27,390,678	27,264,109	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	3,493,434,893	27,390,678	0	27,390,678	27,264,109	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	139,109,177	0				1.00
2.00	Land Improvements	38,749,857	0				2.00
3.00	Buildings and Fixtures	1,217,250,409	0				3.00
4.00	Building Improvements	747,632,743	0				4.00
5.00	Fixed Equipment	50,527,048	0				5.00
6.00	Movable Equipment	1,300,292,228	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	3,493,561,462	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	3,493,561,462	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part III
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,011,108,283	0	2,011,108,283	0.575661	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,482,453,178	0	1,482,453,178	0.424339	0	2.00
3.00	Total (sum of lines 1-2)	3,493,561,461	0	3,493,561,461	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	60,034,141	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	69,718,388	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	129,752,529	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	60,034,141	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	69,718,388	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	129,752,529	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-62,637,219					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	177,782,658					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 CATERING/FOOD REVENUE	B	-190,939	0	DIETARY	10.00		0	33.00
33.01 CATERING/FOOD REVENUE	B	-154,421	0	CAFETERIA	11.00		0	33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.02 CLASS & LECTURE REVENUE	B	-221	NURSING ADMINISTRATION	13.00		0 33.02
33.03 CLASS & LECTURE REVENUE	B	-12,261	PARAMED ADMINISTRATION	13.01		0 33.03
33.04 CLASS & LECTURE REVENUE	B	-133,389	PARAMED RADIOLOGY-METHODIST	23.02		0 33.04
33.05 CLASS & LECTURE REVENUE	B	-366,335	PARAMED RESPIRATORY THERAPY	23.03		0 33.05
33.06 CLASS & LECTURE REVENUE	B	-84,296	PARAMED LAB SCIENCE PRO	23.06		0 33.06
33.07 CLASS & LECTURE REVENUE	B	-32,799	PARAMED SURGERY TECHNOLOGY	23.09		0 33.07
33.08 CLASS & LECTURE REVENUE	B	-22,797	PARAMED PHARMACY TECH	23.10		0 33.08
33.09 CLASS & LECTURE REVENUE	B	-109,266	ADULTS & PEDIATRICS	30.00		0 33.09
33.10 CLASS & LECTURE REVENUE	B	-2,505	EMERGENCY	91.00		0 33.10
33.11 MISC OTHER OP REVENUE	B	-2,241,047	OUTPATIENT RETAIL PHARMACY	73.03		0 33.11
33.12 MISC OTHER OP REVENUE	B	-2,457,358	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.12
33.13 MISC OTHER OP REVENUE	B	-4,500	OPERATION OF PLANT	7.00		0 33.13
33.14 MISC OTHER OP REVENUE	B	-1,547	DIETARY	10.00		0 33.14
33.15 MISC OTHER OP REVENUE	B	-773,926	PHARMACY	15.00		0 33.15
33.16 MISC OTHER OP REVENUE	B	-450,000	SOCIAL SERVICE	17.00		0 33.16
33.17 MISC OTHER OP REVENUE	B	-16,450	PARAMED PASTORAL EDUCATION	23.05		0 33.17
33.18 MISC OTHER OP REVENUE	B	-177,826	ADULTS & PEDIATRICS	30.00		0 33.18
33.19 MISC OTHER OP REVENUE	B	-9,633	SUBPROVIDER - IPF	40.00		0 33.19
33.20 MISC OTHER OP REVENUE	B	-14,755	PULMONARY FUNCTION TESTING	53.01		0 33.20
33.21 MISC OTHER OP REVENUE	B	-57,363	RADIOLOGY-DIAGNOSTIC	54.00		0 33.21
33.22 MISC OTHER OP REVENUE	B	-4,457,044	LABORATORY	60.00		0 33.22
33.23 MISC OTHER OP REVENUE	B	-12,408	PHYSICAL THERAPY	66.00		0 33.23
33.24 MISC OTHER OP REVENUE	B	-73,804	OCCUPATIONAL THERAPY	67.00		0 33.24
33.25 MISC OTHER OP REVENUE	B	-39,602	SPEECH PATHOLOGY	68.00		0 33.25
33.26 MISC OTHER OP REVENUE	B	-154,782	ELECTROCARDIOLOGY	69.00		0 33.26
33.27 MISC OTHER OP REVENUE	B	-884	ELECTROENCEPHALOGRAPHY	70.00		0 33.27
33.28 MISC OTHER OP REVENUE	B	-1,422	CARDIAC CATH	76.03		0 33.28
33.29 MISC OTHER OP REVENUE	B	-1,925	CARDIAC REHABILITATION	76.97		0 33.29
33.30 MISC OTHER OP REVENUE	B	-29,053	IUSCC HEM/ONC	90.02		0 33.30
33.31 MISC OTHER OP REVENUE	B	-5,984	SLEEP LAB	90.11		0 33.31
33.32 MISC OTHER OP REVENUE	B	-28	DERMATOLOGY CLINIC	90.18		0 33.32
33.33 MISC OTHER OP REVENUE	B	-40,545	LIFE CARE CLINIC	90.24		0 33.33
33.34 MISC OTHER OP REVENUE	B	-470,475	EMERGENCY	91.00		0 33.34
33.35 MISC OTHER OP REVENUE	B	-2,270	AMBULANCE SERVICES	95.00		0 33.35
33.36 MISC OTHER OP REVENUE	B	-177,396	HOME HEALTH AGENCY	101.00		0 33.36
33.37 MISC OTHER OP REVENUE	B	-524,900	KIDNEY ACQUISITION	105.00		0 33.37
33.38 OTHER INSTITUTIONAL REVENUE	B	-198,345	MEDICAL RECORDS & LIBRARY	16.00		0 33.38
33.39 OTHER INSTITUTIONAL REVENUE	B	-442,546	ADULTS & PEDIATRICS	30.00		0 33.39
33.40 REV- GIFT SHOPS	B	-709	OUTPATIENT RETAIL PHARMACY	73.03		0 33.40
33.41 VENDING REVENUE	B	-3,566	DIETARY	10.00		0 33.41
33.42 VENDING REVENUE	B	3,800	CAFETERIA	11.00		0 33.42
33.43 VENDING REVENUE	B	-870	HOME HEALTH AGENCY	101.00		0 33.43
33.44 INTERCOMPANY REVENUE	B	24,855	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.44
33.45 INTERCOMPANY REVENUE	B	-1,576,476	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.45
33.46 INTERCOMPANY REVENUE	B	-314,575	OPERATION OF PLANT	7.00		0 33.46
33.47 INTERCOMPANY REVENUE	B	-208,438	NURSING ADMINISTRATION	13.00		0 33.47
33.48 INTERCOMPANY REVENUE	B	-18,590	CENTRAL SERVICES & SUPPLY	14.00		0 33.48
33.49 INTERCOMPANY REVENUE	B	-403,003	PHARMACY	15.00		0 33.49
33.50 INTERCOMPANY REVENUE	B	-220,379	SOCIAL SERVICE	17.00		0 33.50
33.51 INTERCOMPANY REVENUE	B	-89,114	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 33.51
33.52 INTERCOMPANY REVENUE	B	-12,155	OPERATING ROOM	50.00		0 33.52
33.53 INTERCOMPANY REVENUE	B	-20,000	PULMONARY FUNCTION TESTING	53.01		0 33.53
33.54 INTERCOMPANY REVENUE	B	-710,099	RADIOLOGY-DIAGNOSTIC	54.00		0 33.54
33.55 INTERCOMPANY REVENUE	B	-171,986	RADIOLOGY-THERAPEUTIC	55.00		0 33.55
33.56 INTERCOMPANY REVENUE	B	-113,609,236	LABORATORY	60.00		0 33.56
33.57 INTERCOMPANY REVENUE	B	-2,824	TRANSPLANT IMMUNOLOGY	60.01		0 33.57
33.58 INTERCOMPANY REVENUE	B	-2,147,243	BLOOD STORING, PROCESSING & TRANS.	63.00		0 33.58
33.59 INTERCOMPANY REVENUE	B	-71,238	PHYSICAL THERAPY	66.00		0 33.59
33.60 INTERCOMPANY REVENUE	B	-35,766	SPEECH PATHOLOGY	68.00		0 33.60
33.61 INTERCOMPANY REVENUE	B	-765,192	ELECTROCARDIOLOGY	69.00		0 33.61
33.62 INTERCOMPANY REVENUE	B	-298,409	ELECTROENCEPHALOGRAPHY	70.00		0 33.62
33.63 INTERCOMPANY REVENUE	B	-96,785	OUTPATIENT RETAIL PHARMACY	73.03		0 33.63
33.64 INTERCOMPANY REVENUE	B	-16,640	CARDIAC CATH	76.03		0 33.64
33.65 INTERCOMPANY REVENUE	B	-93,752	CARDIAC REHABILITATION	76.97		0 33.65
33.66 INTERCOMPANY REVENUE	B	-9,000	AMB SVC-OB & GYN	90.01		0 33.66

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.67	INTERCOMPANY REVENUE	B	-32,182	IUSCC HEM/ONC	90.02	0 33.67
33.68	INTERCOMPANY REVENUE	B	-40,000	OUTPATIENT SURGERY	90.06	0 33.68
33.69	INTERCOMPANY REVENUE	B	-2,979,628	AMB SVC-RILEY CLINICS	90.07	0 33.69
33.70	INTERCOMPANY REVENUE	B	-42,845	MOTILITY LAB	90.08	0 33.70
33.71	INTERCOMPANY REVENUE	B	-1,018,461	SLEEP LAB	90.11	0 33.71
33.72	INTERCOMPANY REVENUE	B	-27,807	DERMATOLOGY CLINIC	90.18	0 33.72
33.73	INTERCOMPANY REVENUE	B	-201,594	EMERGENCY	91.00	0 33.73
33.74	INTERCOMPANY REVENUE	B	-140,404	AMBULANCE SERVICES	95.00	0 33.74
33.75	INTERCOMPANY REVENUE	B	50	HOME HEALTH AGENCY	101.00	0 33.75
33.76	PARKING GARAGE	A	-44,336	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.76
33.77	PARKING GARAGE	A	-4,925,241	OPERATION OF PLANT	7.00	0 33.77
33.78	INTEREST EXPENSE	A	-376,471	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.78
33.79	INTEREST EXPENSE	A	-3,840	PHARMACY	15.00	0 33.79
33.80	PARKING GARAGE DEPRECIATION	A	-914,776	CAP REL COSTS-BLDG & FIXT	1.00	9 33.80
33.81	PHARMACY RESEARCH	A	-89,751	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.81
33.82	PHARMACY RESEARCH	A	-996,880	PHARMACY	15.00	0 33.82
33.83	MALPRACTICE	A	43,436	IUSCC HEM/ONC	90.02	0 33.83
33.84	MALPRACTICE	A	133,381	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.84
33.85	MALPRACTICE	A	-133,381	LABORATORY	60.00	0 33.85
33.86	DEPRECIATION TO HOME OFFICE	A	-2,949,785	CAP REL COSTS-BLDG & FIXT	1.00	9 33.86
33.87	DEPRECIATION TO HOME OFFICE	A	5,418,562	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.87
33.88	PHONES TO HOME OFFICE	A	-62,430	NONPATIENT TELEPHONES	5.01	0 33.88
33.89	CONTRIBUTIONS EXPENSE	A	-3,645	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.89
33.90	CONTRIBUTIONS EXPENSE	A	-10,421	OPERATING ROOM	50.00	0 33.90
33.91	CONTRIBUTIONS EXPENSE	A	-32,143	EMERGENCY	91.00	0 33.91
33.92	FRI NGE BENEFIT TO HOME OFFICE	A	-98,747,364	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.92
33.94	PTO TO HOME OFFICE	A	-94,131	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.94
33.95	PTO TO HOME OFFICE	A	7,182	OPERATION OF PLANT	7.00	0 33.95
33.96	PTO TO HOME OFFICE	A	188	LAUNDRY & LINEN SERVICE	8.00	0 33.96
33.97	PTO TO HOME OFFICE	A	5,924	HOUSEKEEPING - MORGAN	9.05	0 33.97
33.98	PTO TO HOME OFFICE	A	3,620	DIETARY	10.00	0 33.98
33.99	PTO TO HOME OFFICE	A	8,723	NURSING ADMINISTRATION	13.00	0 33.99
34.00	PTO TO HOME OFFICE	A	16,572	PHARMACY	15.00	0 34.00
34.01	PTO TO HOME OFFICE	A	1,557	SOCIAL SERVICE	17.00	0 34.01
34.02	PTO TO HOME OFFICE	A	5,587	INTENSIVE CARE UNIT	31.00	0 34.02
34.03	PTO TO HOME OFFICE	A	3,193	SUBPROVIDER - IPF	40.00	0 34.03
34.04	PTO TO HOME OFFICE	A	4,849	OPERATING ROOM	50.00	0 34.04
34.05	PTO TO HOME OFFICE	A	3,189	RECOVERY ROOM	51.00	0 34.05
34.06	PTO TO HOME OFFICE	A	15,377	RADIOLOGY-DIAGNOSTIC	54.00	0 34.06
34.07	PTO TO HOME OFFICE	A	15,416	RADIOLOGY-THERAPEUTIC	55.00	0 34.07
34.08	PTO TO HOME OFFICE	A	645	RADIOISOTOPE	56.00	0 34.08
34.09	PTO TO HOME OFFICE	A	-2,504	LABORATORY	60.00	0 34.09
34.10	PTO TO HOME OFFICE	A	9,328	RESPIRATORY THERAPY	65.00	0 34.10
34.11	PTO TO HOME OFFICE	A	8,105	PHYSICAL THERAPY	66.00	0 34.11
34.12	PTO TO HOME OFFICE	A	2,821	OCCUPATIONAL THERAPY	67.00	0 34.12
34.13	PTO TO HOME OFFICE	A	232	SPEECH PATHOLOGY	68.00	0 34.13
34.14	PTO TO HOME OFFICE	A	1,351	CARDIAC REHABILITATION	76.97	0 34.14
34.15	PTO TO HOME OFFICE	A	-10,858	SLEEP LAB	90.11	0 34.15
34.16	PTO TO HOME OFFICE	A	23,770	EMERGENCY	91.00	0 34.16
34.17	PTO TO HOME OFFICE	A	-101,212	HOME HEALTH AGENCY	101.00	0 34.17
34.18	PTO TO HOME OFFICE	A	-549	HOSPICE	116.00	0 34.18
34.19	PTO TO HOME OFFICE	A	3,202	OTHER NONREIMBURSABLE-METHODIST & R SERVICES-OTHER PRGM	192.01	0 34.19
34.20	ACADEMIC SUPPORT	A	17,500,000	COSTS APPRV	22.00	0 34.20
34.21	MEDICAID HAF FEES	A	51,532,310	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.21
34.22	MEDICAID HAF FEES	A	-51,532,310	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.22
34.23	OUR HOUSE UTILITIES	A	-48,021	OPERATION OF PLANT	7.00	0 34.23
34.24	FQHC	A	-81,055	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0 34.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-110,544,453			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:
3/30/2017 3:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY TRANSACTIONS	55,236,688	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY TRANSACTIONS	16,629,455	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY TRANSACTIONS	100,636,958	175,015	3.00
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	INTERCOMPANY TRANSACTIONS	38,262,582	0	3.01
4.00	5.01	NONPATIENT TELEPHONES	INTERCOMPANY TRANSACTIONS	39,467	39,467	4.00
4.01	5.02	DATA PROCESSING	INTERCOMPANY TRANSACTIONS	56,830,903	14,131	4.01
4.02	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY TRANSACTIONS	13,456,202	27,368	4.02
4.03	5.04	ADMINING	INTERCOMPANY TRANSACTIONS	12,186,676	0	4.03
4.04	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY TRANSACTIONS	121,830,199	325,223,231	4.04
4.05	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY TRANSACTIONS	19,786,504	61,282	4.05
4.06	7.00	OPERATION OF PLANT	INTERCOMPANY TRANSACTIONS	44,684,790	9,847	4.06
4.07	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY TRANSACTIONS	1,859,941	0	4.07
4.08	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY TRANSACTIONS	2,554,464	0	4.08
4.09	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY TRANSACTIONS	1,756,869	0	4.09
4.10	10.00	DIETARY	INTERCOMPANY TRANSACTIONS	1,234,932	1,234,932	4.10
4.11	11.00	CAFETERIA	INTERCOMPANY TRANSACTIONS	5,548,909	0	4.11
4.12	13.00	NURSING ADMINISTRATION	INTERCOMPANY TRANSACTIONS	7,085,008	4,816,229	4.12
4.13	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY TRANSACTIONS	37,336	37,336	4.13
4.14	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY TRANSACTIONS	12,032,374	0	4.14
4.15	17.00	SOCIAL SERVICE	INTERCOMPANY TRANSACTIONS	25,000	28,983	4.15
4.16	22.00	IT &R SERVICES-OTHER PRGM COST	INTERCOMPANY TRANSACTIONS	1,588,176	1,588,176	4.16
4.17	23.03	PARAMED RESPIRATORY THERAPY	INTERCOMPANY TRANSACTIONS	15,000	15,000	4.17
4.18	30.00	ADULTS & PEDIATRICS	INTERCOMPANY TRANSACTIONS	1,345,105	1,345,105	4.18
4.19	32.01	NEONATAL INTENSIVE CARE UNIT	INTERCOMPANY TRANSACTIONS	94,185	94,185	4.19
4.20	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY TRANSACTIONS	6,638	6,638	4.20
4.21	34.04	RHPEDIC	INTERCOMPANY TRANSACTIONS	1,596,967	1,596,967	4.21
4.22	34.06	PEDS CANCER CARE	INTERCOMPANY TRANSACTIONS	15,353	15,353	4.22
4.23	40.00	SUBPROVIDER - IPF	INTERCOMPANY TRANSACTIONS	839,453	839,453	4.23
4.24	50.00	OPERATING ROOM	INTERCOMPANY TRANSACTIONS	3,709,836	3,709,836	4.24
4.25	51.00	RECOVERY ROOM	INTERCOMPANY TRANSACTIONS	27,394	27,394	4.25
4.26	53.00	ANESTHESIOLOGY	INTERCOMPANY TRANSACTIONS	8,901,622	8,901,622	4.26
4.27	53.01	PULMONARY FUNCTION TESTING	INTERCOMPANY TRANSACTIONS	171,470	171,470	4.27
4.28	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY TRANSACTIONS	929,584	979,292	4.28
4.30	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY TRANSACTIONS	2,002,297	2,002,297	4.30
4.31	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY TRANSACTIONS	179,421	179,421	4.31
4.32	60.00	LABORATORY	INTERCOMPANY TRANSACTIONS	69,517,362	69,517,362	4.32
4.33	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY TRANSACTIONS	233,309	233,309	4.33
4.34	66.00	PHYSICAL THERAPY	INTERCOMPANY TRANSACTIONS	35,062	35,062	4.34
4.35	68.00	SPEECH PATHOLOGY	INTERCOMPANY TRANSACTIONS	5,384	5,384	4.35
4.36	69.00	ELECTROCARDIOLOGY	INTERCOMPANY TRANSACTIONS	2,048,732	2,048,732	4.36
4.37	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY TRANSACTIONS	390,000	396,665	4.37
4.38	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY TRANSACTIONS	59,784	80,730	4.38
4.39	74.00	RENAL DIALYSIS	INTERCOMPANY TRANSACTIONS	125,184	125,184	4.39
4.40	76.01	CARDIOLOGY	INTERCOMPANY TRANSACTIONS	428,172	428,172	4.40
4.41	76.02	PSYCHIATRIC/PSYCHOLOGICAL SE	INTERCOMPANY TRANSACTIONS	1,814,166	1,814,166	4.41
4.42	76.03	CARDIAC CATH	INTERCOMPANY TRANSACTIONS	225,201	225,201	4.42
4.43	90.01	AMB SVC-OB & GYN	INTERCOMPANY TRANSACTIONS	110,084	110,084	4.43
4.44	90.02	USCC HEM/ONC	INTERCOMPANY TRANSACTIONS	10,037,692	10,037,692	4.44
4.45	90.06	OUTPATIENT SURGERY	INTERCOMPANY TRANSACTIONS	40,000	40,000	4.45
4.46	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY TRANSACTIONS	748,645	748,645	4.46
4.47	90.08	MOTILITY LAB	INTERCOMPANY TRANSACTIONS	28,483	28,483	4.47
4.48	90.11	SLEEP LAB	INTERCOMPANY TRANSACTIONS	257,182	412,737	4.48
4.49	90.12	OP CARE ADULTS	INTERCOMPANY TRANSACTIONS	290,877	290,877	4.49
4.50	90.14	ARTHRTIS CLINIC	INTERCOMPANY TRANSACTIONS	24,750	24,750	4.50
4.51	90.17	PHYSICAL MEDICINE	INTERCOMPANY TRANSACTIONS	41,750	41,750	4.51
4.52	90.22	EATING DISORDERS CLINIC	INTERCOMPANY TRANSACTIONS	312,365	312,365	4.52
4.53	91.00	EMERGENCY	INTERCOMPANY TRANSACTIONS	10,233,314	10,233,314	4.53
4.54	94.00	HOME PROGRAM DIALYSIS	INTERCOMPANY TRANSACTIONS	62,401	62,401	4.54
4.55	101.00	HOME HEALTH AGENCY	INTERCOMPANY TRANSACTIONS	91,757	1,821,698	4.55
4.56	105.00	KIDNEY ACQUISITION	INTERCOMPANY TRANSACTIONS	74,397	74,397	4.56
4.57	106.00	HEART ACQUISITION	INTERCOMPANY TRANSACTIONS	22,917	22,917	4.57
4.58	107.00	LIVER ACQUISITION	INTERCOMPANY TRANSACTIONS	1,679,860	1,679,860	4.58
4.59	116.00	HOSPICE	INTERCOMPANY TRANSACTIONS	224,825	526,788	4.59
4.60	192.00	PHYSICIANS' PRIVATE OFFICES	INTERCOMPANY TRANSACTIONS	3,577,426	3,577,426	4.60
4.61	192.01	OTHER NONREIMBURSABLE-METHOD	INTERCOMPANY TRANSACTIONS	4,525,888	4,525,888	4.61
4.62	192.02	OTHER NONREIMBURSABLE - IUMC	INTERCOMPANY TRANSACTIONS	18,264,515	18,264,515	4.62
4.63	192.08	NON-ALLOWABLE ADVERTISING	INTERCOMPANY TRANSACTIONS	398,628	398,628	4.63
4.64	192.10	CARDIO PHYSICIANS	INTERCOMPANY TRANSACTIONS	402,540	402,540	4.64

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0056
 Period: From 01/01/2015 To 12/31/2015
 Worksheet A-8-1
 Date/Time Prepared: 3/30/2017 3:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		659,470,410	481,687,752	5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:
3/30/2017 3:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	55,236,688	9	1.00
2.00	16,629,455	9	2.00
3.00	100,461,943	0	3.00
3.01	38,262,582	0	3.01
4.00	0	0	4.00
4.01	56,816,772	0	4.01
4.02	13,428,834	0	4.02
4.03	12,186,676	0	4.03
4.04	-203,393,032	0	4.04
4.05	19,725,222	0	4.05
4.06	44,674,943	0	4.06
4.07	1,859,941	0	4.07
4.08	2,554,464	0	4.08
4.09	1,756,869	0	4.09
4.10	0	0	4.10
4.11	5,548,909	0	4.11
4.12	2,268,779	0	4.12
4.13	0	0	4.13
4.14	12,032,374	0	4.14
4.15	-3,983	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
4.28	-49,708	0	4.28
4.30	0	0	4.30
4.31	0	0	4.31
4.32	0	0	4.32
4.33	0	0	4.33
4.34	0	0	4.34
4.35	0	0	4.35
4.36	0	0	4.36
4.37	-6,665	0	4.37
4.38	-20,946	0	4.38
4.39	0	0	4.39
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
4.46	0	0	4.46
4.47	0	0	4.47
4.48	-155,555	0	4.48
4.49	0	0	4.49
4.50	0	0	4.50
4.51	0	0	4.51
4.52	0	0	4.52
4.53	0	0	4.53
4.54	0	0	4.54
4.55	-1,729,941	0	4.55
4.56	0	0	4.56
4.57	0	0	4.57
4.58	0	0	4.58
4.59	-301,963	0	4.59
4.60	0	0	4.60
4.61	0	0	4.61
4.62	0	0	4.62
4.63	0	0	4.63
4.64	0	0	4.64
5.00	177,782,658		5.00

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

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:
3/30/2017 3:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
3/30/2017 3:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	15,459,666	15,459,666	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	438,000	438,000	0	0	0	2.00
3.00	15.00	PHARMACY	-2,000	-2,000	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	25,000	25,000	0	0	0	4.00
5.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	55,929	55,929	0	0	0	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,966,033	2,966,033	0	0	0	6.00
7.00	23.03	PARAMED RESPIRATORY THERAPY	15,000	15,000	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	3,440,559	3,440,559	0	0	0	8.00
9.00	32.01	NEONATAL INTENSIVE CARE UNIT	94,185	94,185	0	0	0	9.00
10.00	33.00	BURN INTENSIVE CARE UNIT	-4,300	-4,300	0	0	0	10.00
11.00	34.04	RH PEDI C	1,508,401	1,508,401	0	0	0	11.00
12.00	34.06	PEDS CANCER CARE	15,353	15,353	0	0	0	12.00
13.00	40.00	SUBPROVIDER - IPF	615,967	615,967	0	0	0	13.00
14.00	50.00	OPERATING ROOM	2,499,966	2,499,966	0	0	0	14.00
15.00	53.00	ANESTHESIOLOGY	10,894,614	10,894,614	0	0	0	15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	255,434	255,434	0	0	0	16.00
17.00	55.00	RADIOLOGY-THERAPEUTIC	2,008,099	2,008,099	0	0	0	17.00
18.00	60.00	LABORATORY	1,787,008	1,787,008	0	0	0	18.00
19.00	60.01	TRANSPLANT IMMUNOLOGY	233,309	233,309	0	0	0	19.00
20.00	69.00	ELECTROCARDIOLOGY	2,033,380	2,033,380	0	0	0	20.00
21.00	70.00	ELECTROENCEPHALOGRAPHY	390,000	390,000	0	0	0	21.00
22.00	74.00	RENAL DIALYSIS	125,184	125,184	0	0	0	22.00
23.00	76.01	CARDIOLOGY	359,684	359,684	0	0	0	23.00
24.00	76.03	CARDIAC CATH	-125,177	-125,177	0	0	0	24.00
25.00	90.02	IUSCC HEM/ONC	669,755	669,755	0	0	0	25.00
26.00	90.06	OUTPATIENT SURGERY	40,000	40,000	0	0	0	26.00
27.00	90.07	AMB SVC-RILEY CLINICS	6,638	6,638	0	0	0	27.00
28.00	90.11	SLEEP LAB	8,899	8,899	0	0	0	28.00
29.00	90.12	OP CARE ADULTS	67,279	67,279	0	0	0	29.00
30.00	90.14	ARTHRITIS CLINIC	24,750	24,750	0	0	0	30.00
31.00	90.22	EATING DISORDERS CLINIC	356,714	356,714	0	0	0	31.00
32.00	90.24	LIFE CARE CLINIC	137,500	137,500	0	0	0	32.00
33.00	91.00	EMERGENCY	14,554,794	14,554,794	0	0	0	33.00
34.00	94.00	HOME PROGRAM DIALYSIS	62,401	62,401	0	0	0	34.00
35.00	105.00	KIDNEY ACQUISITION	74,397	74,397	0	0	0	35.00
36.00	106.00	HEART ACQUISITION	22,917	22,917	0	0	0	36.00
37.00	107.00	LIVER ACQUISITION	1,521,881	1,521,881	0	0	0	37.00
200.00			62,637,219	62,637,219	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	6.00
7.00	23.03	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	8.00
9.00	32.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	9.00
10.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	34.04	RH PEDI C	0	0	0	0	0	11.00
12.00	34.06	PEDS CANCER CARE	0	0	0	0	0	12.00
13.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	13.00
14.00	50.00	OPERATING ROOM	0	0	0	0	0	14.00
15.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	16.00
17.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	17.00
18.00	60.00	LABORATORY	0	0	0	0	0	18.00
19.00	60.01	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	19.00
20.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	20.00
21.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	21.00
22.00	74.00	RENAL DIALYSIS	0	0	0	0	0	22.00
23.00	76.01	CARDIOLOGY	0	0	0	0	0	23.00
24.00	76.03	CARDIAC CATH	0	0	0	0	0	24.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
3/30/2017 3:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
25.00	90.02	IUSCC HEM/ONC	0	0	0	0	0	25.00
26.00	90.06	OUTPATIENT SURGERY	0	0	0	0	0	26.00
27.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	0	0	27.00
28.00	90.11	SLEEP LAB	0	0	0	0	0	28.00
29.00	90.12	OP CARE ADULTS	0	0	0	0	0	29.00
30.00	90.14	ARTHRITIS CLINIC	0	0	0	0	0	30.00
31.00	90.22	EATING DISORDERS CLINIC	0	0	0	0	0	31.00
32.00	90.24	LIFE CARE CLINIC	0	0	0	0	0	32.00
33.00	91.00	EMERGENCY	0	0	0	0	0	33.00
34.00	94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	34.00
35.00	105.00	KIDNEY ACQUISITION	0	0	0	0	0	35.00
36.00	106.00	HEART ACQUISITION	0	0	0	0	0	36.00
37.00	107.00	LIVER ACQUISITION	0	0	0	0	0	37.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	15,459,666		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	438,000		2.00
3.00	15.00	PHARMACY	0	0	0	-2,000		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	25,000		4.00
5.00	21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	55,929		5.00
6.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,966,033		6.00
7.00	23.03	PARAMED RESPIRATORY THERAPY	0	0	0	15,000		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,440,559		8.00
9.00	32.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	94,185		9.00
10.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	-4,300		10.00
11.00	34.04	RH PEDI C	0	0	0	1,508,401		11.00
12.00	34.06	PEDS CANCER CARE	0	0	0	15,353		12.00
13.00	40.00	SUBPROVIDER - IPF	0	0	0	615,967		13.00
14.00	50.00	OPERATING ROOM	0	0	0	2,499,966		14.00
15.00	53.00	ANESTHESIOLOGY	0	0	0	10,894,614		15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	255,434		16.00
17.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	2,008,099		17.00
18.00	60.00	LABORATORY	0	0	0	1,787,008		18.00
19.00	60.01	TRANSPLANT IMMUNOLOGY	0	0	0	233,309		19.00
20.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,033,380		20.00
21.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	390,000		21.00
22.00	74.00	RENAL DIALYSIS	0	0	0	125,184		22.00
23.00	76.01	CARDIOLOGY	0	0	0	359,684		23.00
24.00	76.03	CARDIAC CATH	0	0	0	-125,177		24.00
25.00	90.02	IUSCC HEM/ONC	0	0	0	669,755		25.00
26.00	90.06	OUTPATIENT SURGERY	0	0	0	40,000		26.00
27.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	6,638		27.00
28.00	90.11	SLEEP LAB	0	0	0	8,899		28.00
29.00	90.12	OP CARE ADULTS	0	0	0	67,279		29.00
30.00	90.14	ARTHRITIS CLINIC	0	0	0	24,750		30.00
31.00	90.22	EATING DISORDERS CLINIC	0	0	0	356,714		31.00
32.00	90.24	LIFE CARE CLINIC	0	0	0	137,500		32.00
33.00	91.00	EMERGENCY	0	0	0	14,554,794		33.00
34.00	94.00	HOME PROGRAM DIALYSIS	0	0	0	62,401		34.00
35.00	105.00	KIDNEY ACQUISITION	0	0	0	74,397		35.00
36.00	106.00	HEART ACQUISITION	0	0	0	22,917		36.00
37.00	107.00	LIVER ACQUISITION	0	0	0	1,521,881		37.00
200.00			0	0	0	62,637,219		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	60,034,141	60,034,141			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	69,718,388		69,718,388		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	103,945,894	89,158	2,753	104,037,805	4.00
5.01 00540	NONPATIENT TELEPHONES	39,467	0	1,646	0	5.01
5.02 00550	DATA PROCESSING	56,830,915	26,995	92,182	2,499	5.02
5.03 00590	PURCHASING, RECEIVING & STORES	13,526,077	29,274	122,353	4,840	5.03
5.04 00570	ADMINISTRATIVE	12,236,444	18,407	6,377	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	38,262,582	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	146,255,441	2,151,727	2,438,920	3,042,417	5.06
6.00 00600	MAINTENANCE & REPAIRS	22,292,682	335,944	29,739	76,507	6.00
7.00 00700	OPERATION OF PLANT	46,763,715	287,615	22,595	65,999	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,082	405,568	1,348	530	8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY	1,859,941	0	0	0	9.01
9.02 00902	HOUSEKEEPING - RILEY	2,554,464	0	0	0	9.02
9.03 00903	HOUSEKEEPING - METHODIST	1,756,869	23,899	0	0	9.03
9.04 00904	HOUSEKEEPING - SAXONY	451,357	0	21,494	57,627	9.04
9.05 00905	HOUSEKEEPING - MORGAN	395,942	0	0	56,176	9.05
10.00 01000	DIETARY	9,533,675	569,765	151,131	996,173	10.00
11.00 01100	CAFETERIA	5,763,370	100,220	8,301	23,977	11.00
13.00 01300	NURSING ADMINISTRATION	19,706,084	403,094	271,931	2,764,664	13.00
13.01 01851	PARAMED ADMINISTRATION	187,188	130,958	12,625	23,962	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	100,981,794	683,210	810,478	527,201	14.00
15.00 01500	PHARMACY	35,123,721	840,359	1,856,092	4,545,704	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	13,270,977	56,412	0	42,898	16.00
17.00 01700	SOCIAL SERVICE	4,853,750	63,109	0	643,703	17.00
18.00 01850	PATIENT TRANSPORTATION	1,813,280	11,788	72,106	295,987	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	37,068,360	46,399	0	5,740,799	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	18,875,050	613,935	4,972	42,023	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED HEALTH SCIENCES	0	0	0	0	23.01
23.02 02302	PARAMED RADIOLOGY-METHODIST	735,833	50,116	0	140,113	23.02
23.03 02303	PARAMED RESPIRATORY THERAPY	-15,000	48,122	0	51,164	23.03
23.04 02304	PARAMED EMERGENCY	142,020	46,774	4,959	23,389	23.04
23.05 02312	PARAMED PASTORAL EDUCATION	708,566	0	0	111,857	23.05
23.06 02306	PARAMED LAB SCIENCE PRO	336,776	0	0	68,185	23.06
23.07 02307	PARAMED PHARMACY	1,275,765	0	2,997	201,568	23.07
23.08 02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08
23.09 02309	PARAMED SURGERY TECHNOLOGY	263,721	29,650	0	48,235	23.09
23.10 02310	PARAMED PHARMACY TECH	219,167	28,990	0	39,673	23.10
23.11 02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	119,138,012	10,660,434	4,935,625	18,675,747	30.00
31.00 03100	INTENSIVE CARE UNIT	15,407,348	731,668	233,930	2,395,401	31.00
32.00 03200	CORONARY CARE UNIT	15,558,903	666,630	278,832	2,370,129	32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	18,011,128	107,020	2,825,199	2,833,557	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	1,859,504	198,212	738,609	297,697	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02 03401	UH SURG 61C	3,200,179	0	81,887	502,871	34.02
34.03 03402	UH NS 31C	0	0	0	0	34.03
34.04 03403	RH PED IC	8,593,404	644,583	292,421	1,361,010	34.04
34.05 03404	TRANSPLANT ICU	2,266,556	175,634	7,053	312,865	34.05
34.06 03407	PEDS CANCER CARE	1,850,561	551,060	673,024	292,532	34.06
40.00 04000	SUBPROVIDER - I/PF	3,217,195	324,403	8,390	523,178	40.00
43.00 04300	NURSERY	2,725,807	325,659	7,639	273,746	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	42,613,363	3,494,326	15,422,832	5,754,402	50.00
50.01 05001	ENDOSCOPY	1,569,416	87,215	590,362	236,926	50.01
51.00 05100	RECOVERY ROOM	7,805,448	835,256	425,509	1,168,826	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,534,509	344,014	416,488	1,073,356	52.00
53.00 05300	ANESTHESIOLOGY	1,596,338	131,917	692,688	248,827	53.00
53.01 05301	PULMONARY FUNCTION TESTING	3,066,448	271,903	232,956	480,312	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	37,837,246	3,316,684	10,633,589	4,897,131	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	6,595,428	575,814	1,488,310	801,825	55.00
56.00 05600	RADIOISOTOPE	1,229,269	252,499	672,269	164,780	56.00
59.00 05900	CARDIAC CATHETERIZATION	1,070,113	146,567	955,022	151,379	59.00
60.00 06000	LABORATORY	29,830,475	2,537,723	7,727,509	7,667,257	60.00
60.01 06001	TRANSPLANT IMMUNOLOGY	2,357,006	57,901	29,322	150,685	60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	1,767	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,213,233	116,334	63,015	526,346	215	63.00
65.00	06500	RESPIRATORY THERAPY	19,578,495	313,108	1,210,099	3,126,579	1,355	65.00
66.00	06600	PHYSICAL THERAPY	13,744,920	654,505	227,828	2,099,848	845	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,628,218	190,958	3,803	439,109	190	67.00
68.00	06800	SPEECH PATHOLOGY	3,322,389	349,273	246,059	540,304	225	68.00
69.00	06900	ELECTROCARDIOLOGY	2,853,449	138,238	701,521	594,836	295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,270,988	282,849	443,292	640,421	250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,651,631	172,758	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,844,683	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	169,418,959	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	73,019,836	73,912	173,989	1,048,280	375	73.03
74.00	07400	RENAL DIALYSIS	6,694,634	436,255	524,772	992,287	470	74.00
76.00	03020	RH NBN ECMO IC	1,124,188	0	15,346	184,960	40	76.00
76.01	03140	CARDIOLOGY	2,294,865	138,652	512,963	111,847	45	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,041,071	36,943	31,811	356,072	15	76.02
76.03	03950	CARDIAC CATH	4,094,794	456,488	582,310	626,475	225	76.03
76.04	03951	DAY SURGERY	3,405,743	302,058	34,185	548,959	250	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	796,879	0	0	130,286	45	76.08
76.97	07697	CARDIAC REHABILITATION	645,884	109,093	145,518	59,336	25	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,005,196	0	0	617,728	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	1,869,180	263,924	183,155	306,716	170	90.01
90.02	09002	IUSCC HEM/ONC	25,643,743	1,703,737	2,088,220	3,642,738	1,005	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	362,402	4,352	275,412	46,610	30	90.03
90.04	09004	AMB SVC-PSYCH ADULT	459,965	371,734	17,725	74,620	30	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	1,928,523	151,774	156,452	314,699	145	90.06
90.07	09007	AMB SVC-RILEY CLINICS	2,230,365	494,454	174,282	846,392	365	90.07
90.08	09008	MOTILITY LAB	114,867	5,505	57,460	26,199	5	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,345	60,272	2,172	464	0	90.10
90.11	09023	SLEEP LAB	2,664,922	217,680	106,552	474,929	195	90.11
90.12	09024	OP CARE ADULTS	224,286	131,023	1,723	56	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	245,814	0	5,915	20,050	10	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	852,664	181,411	4,028	129,781	90	90.17
90.18	09016	DERMATOLOGY CLINIC	735,273	109,248	36,774	105,165	65	90.18
90.19	09017	INFUSION/HEM/ONC	851,544	0	6,606	76,467	40	90.19
90.20	09025	IUMG - MH	239,516	0	406	39,550	20	90.20
90.21	09019	OP REHAB CLINIC	143,159	27,124	4,393	20,226	10	90.21
90.22	09020	EATING DISORDERS CLINIC	1,186,608	0	27,318	149,730	60	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	692,380	156,023	0	102,332	60	90.23
90.24	09021	LIFE CARE CLINIC	1,094,846	59,300	1,924	182,275	90	90.24
91.00	09100	EMERGENCY	20,715,909	1,552,844	684,402	3,353,377	1,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	995,217	158,199	78,908	136,176	55	94.00
95.00	09500	AMBULANCE SERVICES	20,881,421	0	2,920,841	1,479,294	630	95.00
101.00	10100	HOME HEALTH AGENCY	36,738,953	306,320	115,948	3,034,408	1,305	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,077,245	84,339	149,326	394,908	150	105.00
106.00	10600	HEART ACQUISITION	1,363,311	9,391	12,502	41,612	15	106.00
107.00	10700	LIVER ACQUISITION	8,802,132	64,676	79,722	178,385	75	107.00
108.00	10800	LUNG ACQUISITION	4,345,168	20,414	33,703	90,960	35	108.00
109.00	10900	PANCREAS ACQUISITION	2,364,724	12,876	35,586	49,570	20	109.00
110.00	11000	INTESTINAL ACQUISITION	1,028,699	4,624	5,789	27,587	10	110.00
112.00	08600	OTHER ORGAN ACQUISITION	167,893	0	229,138	27,302	10	112.00
112.01	08601	POST TRANSPLANT EXPENSES	3,694,656	145,181	0	569,146	210	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,395,010	86,982	23,627	597,211	280	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,767,470,949	43,683,441	67,742,751	101,454,917	39,898	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,133	232,538	1,034	0	45	190.00
191.00 19100	RESEARCH	2,295,777	347,408	5,487	68,337	30	191.00
191.01 19101	RESEARCH-GCRC	23,243	93,730	0	454	0	191.01
191.02 19102	OSA	4,694,659	19,857	3,052	215,244	95	191.02
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,981,179	645,386	3,530	62,087	15	192.00
192.01 19201	OTHER NONREIMBURSABLE-METHODIST	15,510,904	1,961,961	976,013	935,514	565	192.01
192.02 19202	OTHER NONREIMBURSABLE - IUMC	19,601,063	67,979	82,109	231,131	25	192.02
192.03 19203	PHYSICIANS' PRIVATE OFFICES	9	10,214,753	0	0	0	192.03
192.04 19204	MHH RADIOLOGY	120,791	0	0	18,799	5	192.04
192.06 19206	BELTWAY SURGERY	89,994	0	0	0	0	192.06
192.07 19207	RHI	188,579	0	75,418	28,534	15	192.07
192.08 19208	NON-ALLOWABLE ADVERTISING	27,869,420	201,165	808,437	940,114	375	192.08
192.09 19209	ARTHRITIS CLINIC - NR	70,342	0	0	8,454	5	192.09
192.10 19212	CARDIO PHYSICIANS	1,184,068	0	20,557	74,220	40	192.10
192.11 19211	UNUSED SPACE	0	2,565,923	0	0	0	192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,843,124,110	60,034,141	69,718,388	104,037,805	41,113	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal
			5.02	5.03	5.04	5.05	5A.05
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	56,952,591				5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	13,682,544			5.03
5.04	00570	ADMINITTING	0	6	12,261,234		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	38,262,582	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,399,224	6,169	0	0	155,294,908
6.00	00600	MAINTENANCE & REPAIRS	41,561	1,643	0	0	22,778,106
7.00	00700	OPERATION OF PLANT	76,195	119	0	0	47,216,293
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,289	0	0	417,817
9.00	00900	HOUSEKEEPING	0	0	0	0	0
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	1,859,941
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	2,554,464
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	1,780,768
9.04	00904	HOUSEKEEPING - SAXONY	76,195	148	0	0	606,876
9.05	00905	HOUSEKEEPING - MORGAN	90,049	435	0	0	542,667
10.00	01000	DIETARY	962,833	340	0	0	12,214,612
11.00	01100	CAFETERIA	27,707	0	0	0	5,923,595
13.00	01300	NURSING ADMINISTRATION	1,066,735	856	0	0	24,214,134
13.01	01851	PARAMEDICAL ADMINISTRATION	13,854	4	0	0	368,601
14.00	01400	CENTRAL SERVICES & SUPPLY	491,807	112,647	0	0	103,607,492
15.00	01500	PHARMACY	2,043,422	128,042	0	0	44,538,815
16.00	01600	MEDICAL RECORDS & LIBRARY	20,781	0	0	0	13,391,083
17.00	01700	SOCIAL SERVICE	457,172	4	0	0	6,018,068
18.00	01850	PATIENT TRANSPORTATION	332,489	272	0	0	2,526,162
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	42,855,558
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,854	0	0	0	19,549,844
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	76,195	0	0	0	1,002,312
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	27,707	199	0	0	112,212
23.04	02304	PARAMEDICAL EMERGENCY	13,854	0	0	0	231,006
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	96,976	0	0	0	917,469
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	41,561	554	0	0	447,106
23.07	02307	PARAMEDICAL PHARMACY	131,610	0	0	0	1,612,035
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	27,707	0	0	0	369,333
23.10	02310	PARAMEDICAL PHARMACY TECH	27,707	77	0	0	315,634
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,540,141	708,055	1,790,073	3,363,439	170,819,859
31.00	03100	INTENSIVE CARE UNIT	1,288,395	118,904	227,195	398,970	20,802,741
32.00	03200	CORONARY CARE UNIT	1,302,248	148,117	207,541	364,456	20,897,796
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,523,908	120,244	414,528	727,938	26,564,622
33.00	03300	BURN INTENSIVE CARE UNIT	152,391	11,430	28,304	49,704	3,335,961
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03401	UH SURG 6IC	284,001	42,225	46,828	82,233	4,240,429
34.03	03402	UH NS 3IC	0	0	0	0	0
34.04	03403	RH PEDIC	755,027	75,750	125,525	220,430	12,068,695
34.05	03404	TRANSPLANT ICU	180,098	23,969	27,244	47,842	3,041,391
34.06	03407	PEDS CANCER CARE	173,171	7,887	38,892	68,297	3,655,549
40.00	04000	SUBPROVIDER - I PF	311,708	2,613	45,443	79,800	4,512,955
43.00	04300	NURSERY	159,318	7,498	26,836	47,126	3,573,744
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,373,378	989,004	1,624,294	4,259,719	77,533,753
50.01	05001	ENDOSCOPY	124,683	50,074	52,817	141,328	2,852,911
51.00	05100	RECOVERY ROOM	678,832	29,887	161,436	628,815	11,734,499
52.00	05200	DELIVERY ROOM & LABOR ROOM	658,051	39,231	159,980	317,423	12,543,527
53.00	05300	ANESTHESIOLOGY	152,391	159,372	136,061	340,644	3,458,348
53.01	05301	PULMONARY FUNCTION TESTING	263,220	11,947	13,764	174,887	4,515,627
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,715,327	168,073	727,155	3,020,082	63,317,247
55.00	05500	RADIOLOGY-THERAPEUTIC	394,831	12,815	20,799	713,518	10,603,625
56.00	05600	RADIOISOTOPE	76,195	3,453	19,656	167,231	2,585,407
59.00	05900	CARDIAC CATHETERIZATION	55,415	0	43,615	270,984	2,693,135
60.00	06000	LABORATORY	5,479,141	2,287,582	1,101,889	3,769,562	60,405,093
60.01	06001	TRANSPLANT IMMUNOLOGY	83,122	81,995	7,659	92,454	2,860,204
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	1,767
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	297,855	69,263	314,174	629,809	15,230,244
65.00	06500	RESPIRATORY THERAPY	1,877,177	92,405	368,152	661,270	27,228,640
66.00	06600	PHYSICAL THERAPY	1,170,638	40,182	151,206	376,408	18,466,380

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
67.00	06700	OCCUPATIONAL THERAPY	263,220	6,795	32,462	73,498	3,638,253	67.00
68.00	06800	SPEECH PATHOLOGY	311,708	4,596	21,970	93,848	4,890,372	68.00
69.00	06900	ELECTROCARDIOLOGY	408,684	6,435	166,878	511,863	5,382,199	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	346,343	15,138	94,676	254,504	6,348,461	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,718,415	355,373	1,058,267	44,956,444	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,699,949	1,039,554	2,413,250	83,997,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,650,117	5,723,400	176,792,476	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	519,514	9,222	0	499,924	75,345,052	73.03
74.00	07400	RENAL DIALYSIS	651,124	122,850	48,403	228,262	9,699,057	74.00
76.00	03020	RH NBN ECMO IC	55,415	14,053	12,829	22,528	1,429,359	76.00
76.01	03140	CARDIOLOGY	62,342	29,538	32,503	202,137	3,384,892	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,781	1,693	2,850	20,673	2,511,909	76.02
76.03	03950	CARDIAC CATH	311,708	35,070	158,007	775,325	7,040,402	76.03
76.04	03951	DAY SURGERY	346,343	41,329	2,990	27,263	4,709,126	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	62,342	19	22,136	38,872	1,050,579	76.08
76.97	07697	CARDIAC REHABILITATION	34,634	378	1	11,586	1,006,455	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	22,527	5,645,451	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	235,513	3,520	340	53,339	2,915,857	90.01
90.02	09002	IUSCC HEM/ONC	1,392,298	110,117	2,699	452,451	35,037,008	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	41,561	278	21	15,936	746,602	90.03
90.04	09004	AMB SVC-PSYCH ADULT	41,561	167	0	21,837	987,639	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	200,879	2,951	28,394	125,647	2,909,464	90.06
90.07	09007	AMB SVC-RILEY CLINICS	505,660	12,643	1,644	69,915	4,335,720	90.07
90.08	09008	MOTILITY LAB	6,927	4,864	56	4,812	220,695	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	67,253	90.10
90.11	09023	SLEEP LAB	270,147	6,775	30	92,611	3,833,841	90.11
90.12	09024	OP CARE ADULTS	0	37	1	74	357,200	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	13,854	1,264	7	26,750	313,664	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	124,683	770	18	5,775	1,299,220	90.17
90.18	09016	DERMATOLOGY CLINIC	90,049	4,938	10	20,151	1,101,673	90.18
90.19	09017	INFUSION/HEM/ONC	55,415	1,969	49	47,344	1,039,434	90.19
90.20	09025	IUMG - MH	27,707	0	0	1	307,200	90.20
90.21	09019	OP REHAB CLINIC	13,854	105	6	3,090	211,967	90.21
90.22	09020	EATING DISORDERS CLINIC	83,122	49	0	14,234	1,461,121	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	83,122	933	23	2,782	1,037,655	90.23
90.24	09021	LIFE CARE CLINIC	124,683	161	0	0	1,463,279	90.24
91.00	09100	EMERGENCY	2,064,202	161,997	391,900	2,565,706	31,491,827	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	76,195	30,315	10	82,619	1,557,694	94.00
95.00	09500	AMBULANCE SERVICES	872,784	17,459	1,674	494,298	26,668,401	95.00
101.00	10100	HOME HEALTH AGENCY	1,807,909	12,668	0	531,167	42,548,678	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	207,806	8,894	99,122	174,066	11,195,856	105.00
106.00	10600	HEART ACQUISITION	20,781	51	14,686	25,790	1,488,139	106.00
107.00	10700	LIVER ACQUISITION	103,903	3,092	113,238	198,852	9,544,075	107.00
108.00	10800	LUNG ACQUISITION	48,488	548	44,533	78,204	4,662,053	108.00
109.00	10900	PANCREAS ACQUISITION	27,707	1,550	28,810	50,592	2,571,435	109.00
110.00	11000	INTESTINAL ACQUISITION	13,854	341	12,148	21,332	1,114,384	110.00
112.00	08600	OTHER ORGAN ACQUISITION	13,854	8,474	0	0	446,671	112.00
112.01	08601	POST TRANSPLANT EXPENSES	290,928	0	0	0	4,700,121	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	387,904	5,605	0	91,105	6,587,724	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,269,365	13,667,794	12,261,234	38,262,582	1,744,862,533	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,342	29	0	0	319,121	190.00
191.00	19100	RESEARCH	41,561	2,033	0	0	2,760,633	191.00
191.01	19101	RESEARCH-GCRC	0	3,967	0	0	121,394	191.01
191.02	19102	OSA	131,610	1,730	0	0	5,066,247	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,781	0	0	0	4,712,978	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	782,734	3,729	0	0	20,171,420	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	34,634	6	0	0	20,016,947	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	10,214,762	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.04	19204	MHH RADIOLOGY	6,927	0	0	0	146,522	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	89,994	192.06
192.07	19207	RHI	20,781	1,374	0	0	314,701	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	519,514	230	0	0	30,339,255	192.08
192.09	19209	ARTHRITIS CLINIC - NR	6,927	298	0	0	86,026	192.09
192.10	19212	CARDIO PHYSICIANS	55,415	1,354	0	0	1,335,654	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	2,565,923	192.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	56,952,591	13,682,544	12,261,234	38,262,582	1,843,124,110	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	155,294,908					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,095,791	24,873,897				6.00
7.00	00700	OPERATION OF PLANT	4,344,324	124,674	51,685,291			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,443	175,803	367,141	999,204		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	171,131	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	235,034	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	163,847	10,360	21,634	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	55,838	0	0	7	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	49,930	0	0	0	0	9.05
10.00	01000	DIETARY	1,123,854	246,978	515,780	0	0	10.00
11.00	01100	CAFETERIA	545,024	43,443	90,724	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,227,918	174,731	364,901	1	0	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	33,915	56,767	118,550	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	9,532,822	296,154	618,476	2,738	0	14.00
15.00	01500	PHARMACY	4,097,972	364,274	760,736	58	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,232,100	24,453	51,067	0	0	16.00
17.00	01700	SOCIAL SERVICE	553,716	27,356	57,129	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	232,430	5,110	10,671	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,943,097	20,113	42,003	268	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,798,762	266,125	555,765	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	92,222	21,724	45,368	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	10,325	20,859	43,562	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	21,255	20,276	42,343	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	84,415	0	0	0	0	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	41,138	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	148,322	0	0	0	0	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	33,982	12,853	26,841	0	0	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	29,041	12,566	26,243	0	0	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,716,964	4,621,025	9,650,361	528,158	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,914,039	317,159	662,343	46,661	0	31.00
32.00	03200	CORONARY CARE UNIT	1,922,785	288,967	603,467	39,900	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,444,184	46,391	96,880	13,971	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	306,938	85,920	179,431	4,764	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	390,158	0	0	13,235	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	1,110,429	279,410	583,509	16,986	0	34.04
34.05	03404	TRANSPLANT ICU	279,835	76,133	158,993	7,986	0	34.05
34.06	03407	PEDS CANCER CARE	336,343	238,870	498,847	5,264	0	34.06
40.00	04000	SUBPROVIDER - I PF	415,232	140,620	293,666	8,898	0	40.00
43.00	04300	NURSERY	328,817	141,165	294,803	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,133,803	1,514,700	3,163,240	84,485	0	50.00
50.01	05001	ENDOSCOPY	262,493	37,805	78,951	6,001	0	50.01
51.00	05100	RECOVERY ROOM	1,079,680	362,062	756,116	5,673	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,154,117	149,121	311,419	0	0	52.00
53.00	05300	ANESTHESIOLOGY	318,199	57,182	119,418	1	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	415,478	117,863	246,140	1,543	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,825,757	1,437,697	3,002,429	57,094	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	975,629	249,600	521,256	6,642	0	55.00
56.00	05600	RADIOISOTOPE	237,881	109,452	228,575	1,446	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	247,793	63,533	132,680	181	0	59.00
60.00	06000	LABORATORY	5,557,812	1,100,038	2,297,275	1,448	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	263,165	25,099	52,415	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	163	0	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,401,320	50,428	105,311	41	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,505,280	135,724	283,441	221	0	65.00
66.00	06600	PHYSICAL THERAPY	1,699,073	283,711	592,491	8,375	0	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
67.00	06700	OCCUPATIONAL THERAPY	334,752	82,775	172,865	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	449,958	151,401	316,180	160	0	68.00
69.00	06900	ELECTROCARDIOLOGY	495,211	59,923	125,140	4,500	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	584,116	122,608	256,049	206	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,136,397	74,886	156,390	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,728,520	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,265,929	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	6,932,423	32,039	66,909	0	0	73.03
74.00	07400	RENAL DIALYSIS	892,401	189,105	394,920	5,160	0	74.00
76.00	03020	RH NBN ECMO I C	131,514	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	311,441	60,102	125,515	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	231,118	16,014	33,443	0	0	76.02
76.03	03950	CARDIAC CATH	647,780	197,876	413,236	11,572	0	76.03
76.04	03951	DAY SURGERY	433,282	130,935	273,438	13,459	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	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	96,663	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	92,603	47,289	98,756	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	519,432	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	268,285	114,404	238,917	2,052	0	90.01
90.02	09002	IUSCC HEM/ONC	3,223,720	738,526	1,542,308	5,843	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	68,694	1,887	3,940	3	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	90,872	161,137	336,513	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	267,697	65,790	137,393	1,112	0	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	398,925	214,333	447,605	3,337	0	90.07
90.08	09008	MOTILITY LAB	20,306	2,386	4,984	1	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	6,188	26,126	54,561	0	0	90.10
90.11	09023	SLEEP LAB	352,748	94,359	197,055	0	0	90.11
90.12	09024	OP CARE ADULTS	32,866	56,795	118,608	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	28,860	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	119,540	78,637	164,223	370	0	90.17
90.18	09016	DERMATOLOGY CLINIC	101,364	47,356	98,897	1,066	0	90.18
90.19	09017	INFUSION/HEM/ONC	95,637	0	0	0	0	90.19
90.20	09025	IUMG - MH	28,265	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	19,503	11,758	24,554	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	134,436	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	95,474	67,632	141,240	652	0	90.23
90.24	09021	LIFE CARE CLINIC	134,635	25,705	53,682	0	0	90.24
91.00	09100	EMERGENCY	2,897,532	673,118	1,405,712	81,305	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	143,322	68,575	143,210	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,453,733	0	0	21	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,914,861	132,782	277,296	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,030,120	36,559	76,348	0	0	105.00
106.00	10600	HEART ACQUISITION	136,922	4,071	8,501	0	0	106.00
107.00	10700	LIVER ACQUISITION	878,141	28,035	58,548	0	0	107.00
108.00	10800	LUNG ACQUISITION	428,951	8,849	18,480	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	236,595	5,581	11,656	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	102,533	2,005	4,186	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	41,098	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	432,453	62,932	131,425	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	606,130	37,704	78,740	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	146,253,961	17,786,289	36,883,814	992,865	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,362	100,799	210,505	0	0	190.00
191.00	19100	RESEARCH	254,003	150,592	314,491	0	0	191.00
191.01	19101	RESEARCH-GCRC	11,169	40,630	84,849	4,343	0	191.01
191.02	19102	OSA	466,140	8,608	17,976	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	433,636	279,758	584,236	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,855,952	850,460	1,776,066	1,996	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	1,841,739	29,467	61,538	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	939,850	4,427,833	9,246,909	0	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.04	19204	MHH RADIOLOGY	13,481	0	0	0	0	0
192.06	19206	BELTWAY SURGERY	8,280	0	0	0	0	0
192.07	19207	RHI	28,955	0	0	0	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	2,791,485	87,200	182,105	0	0	0
192.09	19209	ARTHRITIS CLINIC - NR	7,915	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	122,892	0	0	0	0	0
192.11	19211	UNUSED SPACE	236,088	1,112,261	2,322,802	0	0	0
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	155,294,908	24,873,897	51,685,291	999,204	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	2,031,072					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	2,789,498				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	1,976,609			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	662,721		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	592,597	9.05
10.00	01000	DIETARY	25,391	7,225	27,297	9,719	20,010	10.00
11.00	01100	CAFETERIA	0	0	0	15,370	9,592	11.00
13.00	01300	NURSING ADMINISTRATION	10,407	4,023	30,228	0	1,535	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	0	0	13,478	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	28,213	51,760	12,646	21,216	5,859	14.00
15.00	01500	PHARMACY	42,089	32,707	32,005	15,193	4,460	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,894	0	0	0	15,460	16.00
17.00	01700	SOCIAL SERVICE	219	7,075	2,698	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	1,663	0	100	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	677	8,377	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,146	0	57,732	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	5,158	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	4,953	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	4,814	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	0	0	3,051	0	0	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	0	0	2,984	0	0	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	441,085	744,255	361,315	88,201	76,680	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	66,266	0	0	31.00
32.00	03200	CORONARY CARE UNIT	34,061	31,704	29,454	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	11,014	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	39,539	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	0	0	34.02
34.03	03402	UH NS 31C	1,295	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	128,579	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	27,006	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	109,924	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	28,547	0	0	40.00
43.00	04300	NURSERY	25,182	0	8,729	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	177,996	165,048	115,833	54,798	73,846	50.00
50.01	05001	ENDOSCOPY	0	0	8,976	0	0	50.01
51.00	05100	RECOVERY ROOM	16,982	49,207	18,753	62,366	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,224	0	18,596	0	0	52.00
53.00	05300	ANESTHESIOLOGY	364	22,384	1,784	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	8,397	35,293	3,750	827	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,909	150,767	120,502	34,219	67,356	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	54,032	0	23,096	0	0	55.00
56.00	05600	RADIOISOTOPE	15,201	5,597	11,758	2,389	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,891	0	59.00
60.00	06000	LABORATORY	39,168	30,027	15,186	19,709	19,629	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	5,959	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,426	0	2,617	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,575	18,193	15,321	1,753	5,418	65.00
66.00	06600	PHYSICAL THERAPY	7,085	15,798	38,322	13,530	17,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,648	13,253	6,806	0	5,314	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			HOUSEKEEPING - UNIVERSITY 9.01	HOUSEKEEPING - RILEY 9.02	HOUSEKEEPING - METHODIST 9.03	HOUSEKEEPING - SAXONY 9.04	HOUSEKEEPING - MORGAN 9.05	
68.00	06800	SPEECH PATHOLOGY	10,512	37,701	9,458	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,400	10,220	0	7,675	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,589	21,583	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,917	13,695	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	4,353	0	0	73.03
74.00	07400	RENAL DIALYSIS	41,376	11,470	11,286	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	2,663	24,203	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	3,802	0	0	76.02
76.03	03950	CARDIAC CATH	512	11,604	40,651	0	0	76.03
76.04	03951	DAY SURGERY	44,573	0	1,253	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	1,584	15,024	7,857	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	40,582	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	223,722	0	25,601	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	669	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	878	0	37,670	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	23,337	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	98,632	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	1,098	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	6,203	0	0	90.10
90.11	09023	SLEEP LAB	0	0	17,758	9,514	0	90.11
90.12	09024	OP CARE ADULTS	0	0	13,484	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	27,894	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	16,798	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	5,411	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	23,991	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	6,103	0	0	90.24
91.00	09100	EMERGENCY	13,197	70,349	79,619	35,846	39,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	24,325	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	516	0	1,081	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,473	1,651	3,570	0	0	105.00
106.00	10600	HEART ACQUISITION	876	140	397	0	0	106.00
107.00	10700	LIVER ACQUISITION	3,830	605	2,738	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,729	274	864	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	436	70	545	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	404	65	196	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	9,811	1,548	6,146	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,093	0	8,220	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,665,532	1,961,462	1,437,808	430,565	376,852	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,228	26,247	4,350	0	1,817	190.00
191.00	19100	RESEARCH	916	0	35,142	0	0	191.00
191.01	19101	RESEARCH-GCRC	7,690	0	4,499	0	0	191.01
191.02	19102	OSA	843	2,868	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,480	3,809	0	0	213,928	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	13,902	7,129	169,493	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMG	0	0	6,996	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	285,717	534,791	230,221	209,409	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	
			UNIVERSITY	RILEY	METHODIST	SAXONY	MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	669	3,547	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	45,764	252,523	84,553	22,747	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)	2,031,072	2,789,498	1,976,609	662,721	592,597	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 3/30/2017 3:09 pm		
Cost Center	Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	13.00	13.01	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	14,190,866					10.00
11.00	01100	CAFETERIA	0	6,627,748				11.00
13.00	01300	NURSING ADMINISTRATION	0	130,254	27,158,132			13.00
13.01	01851	PARAMED ADMINISTRATION	0	1,692	0	593,003		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	60,052	0	0	114,237,428	14.00
15.00	01500	PHARMACY	0	249,513	8,716	0	1,079,186	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,537	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	55,823	8,716	0	35	17.00
18.00	01850	PATIENT TRANSPORTATION	0	40,599	0	0	2,296	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,692	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	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	9,304	0	118,514	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	3,383	0	0	1,677	23.03
23.04	02304	PARAMED EMERGENCY	0	1,692	0	22,874	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	11,841	0	114,122	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	5,075	0	54,241	4,668	23.06
23.07	02307	PARAMED PHARMACY	0	16,070	0	205,478	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	3,383	0	42,475	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	3,383	0	35,299	652	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,849,642	1,409,117	10,563,432	0	5,967,755	30.00
31.00	03100	INTENSIVE CARE UNIT	368,235	157,320	1,455,522	0	1,002,166	31.00
32.00	03200	CORONARY CARE UNIT	420,201	159,012	1,481,670	0	1,248,386	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	43,454	186,078	1,725,709	0	1,013,465	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	91,333	18,608	148,167	0	96,339	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	35,813	34,678	322,481	0	355,892	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	54,626	92,193	845,423	0	638,447	34.04
34.05	03404	TRANSPLANT ICU	14,243	21,991	209,177	0	202,019	34.05
34.06	03407	PEDS CANCER CARE	85,796	21,145	165,598	0	66,478	34.06
40.00	04000	SUBPROVIDER - I PF	609,107	38,061	191,745	0	22,022	40.00
43.00	04300	NURSERY	0	19,454	87,157	0	63,192	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	411,908	2,109,200	0	8,335,696	50.00
50.01	05001	ENDOSCOPY	0	15,225	113,304	0	422,043	50.01
51.00	05100	RECOVERY ROOM	48	82,889	705,972	0	251,898	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	213,619	80,352	583,952	0	330,651	52.00
53.00	05300	ANESTHESIOLOGY	0	18,608	139,451	0	1,343,251	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	32,141	43,579	0	100,698	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	331,557	496,795	0	1,416,582	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	48,211	122,020	0	108,014	55.00
56.00	05600	RADIOISOTOPE	0	9,304	0	0	29,107	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,766	43,579	0	0	59.00
60.00	06000	LABORATORY	0	669,034	43,579	0	19,280,604	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	10,150	0	0	691,083	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	36,370	0	0	583,773	63.00
65.00	06500	RESPIRATORY THERAPY	0	229,214	0	0	778,827	65.00
66.00	06600	PHYSICAL THERAPY	0	142,941	0	0	338,667	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
67.00	06700	OCCUPATIONAL THERAPY	0	32,141	0	0	57,272	67.00
68.00	06800	SPEECH PATHOLOGY	0	38,061	34,863	0	38,734	68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,903	34,863	0	54,238	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	42,290	0	0	127,585	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	22,911,828	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	39,613,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	63,436	0	0	77,725	73.03
74.00	07400	RENAL DIALYSIS	0	79,506	383,491	0	1,035,427	74.00
76.00	03020	RH NBN ECMO IC	0	6,766	69,726	0	118,444	76.00
76.01	03140	CARDIOLOGY	0	7,612	43,579	0	248,956	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,537	17,431	0	14,272	76.02
76.03	03950	CARDIAC CATH	0	38,061	252,755	0	295,581	76.03
76.04	03951	DAY SURGERY	0	42,290	313,765	0	348,340	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	7,612	26,147	0	160	76.08
76.97	07697	CARDIAC REHABILITATION	0	4,229	26,147	0	3,182	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	28,757	87,157	0	29,670	90.01
90.02	09002	IUSCC HEM/ONC	0	170,007	453,217	0	928,111	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	5,075	0	0	2,345	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	5,075	17,431	0	1,404	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	24,528	69,726	0	24,873	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,764	61,744	278,903	0	106,560	90.07
90.08	09008	MOTILITY LAB	0	846	8,716	0	40,996	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	895	32,986	0	0	57,099	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	314	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	1,692	8,716	0	10,655	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	15,225	34,863	0	6,491	90.17
90.18	09016	DERMATOLOGY CLINIC	0	10,995	52,294	0	41,623	90.18
90.19	09017	INFUSION/HEM/ONC	0	6,766	43,579	0	16,592	90.19
90.20	09025	IUMG - MH	0	3,383	17,431	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	1,692	17,431	0	887	90.21
90.22	09020	EATING DISORDERS CLINIC	0	10,150	8,716	0	413	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	10,150	34,863	0	7,864	90.23
90.24	09021	LIFE CARE CLINIC	0	15,225	61,010	0	1,358	90.24
91.00	09100	EMERGENCY	354,935	252,051	1,708,278	0	1,365,373	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	9,304	61,010	0	255,509	94.00
95.00	09500	AMBULANCE SERVICES	0	106,572	444,501	0	147,149	95.00
101.00	10100	HOME HEALTH AGENCY	0	220,756	557,805	0	106,773	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	25,374	0	0	74,962	105.00
106.00	10600	HEART ACQUISITION	0	2,537	8,716	0	433	106.00
107.00	10700	LIVER ACQUISITION	0	12,687	0	0	26,064	107.00
108.00	10800	LUNG ACQUISITION	0	5,921	0	0	4,617	108.00
109.00	10900	PANCREAS ACQUISITION	0	3,383	0	0	13,063	109.00
110.00	11000	INTESTINAL ACQUISITION	0	1,692	0	0	2,873	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	1,692	0	0	71,419	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	35,524	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	47,365	191,745	0	47,245	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,146,711	6,422,218	26,983,819	593,003	114,113,113	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,612	0	0	243	190.00
191.00	19100	RESEARCH	0	5,075	0	0	17,137	191.00
191.01	19101	RESEARCH-GCRC	44,155	0	0	0	33,433	191.01
191.02	19102	OSA	0	16,070	26,147	0	14,578	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,537	17,431	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	95,576	104,588	0	31,431	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMG	0	4,229	8,716	0	55	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			DI ETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.04	19204	MHH RADIOLOGY	0	846	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	2,537	0	0	11,578	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	63,436	0	0	1,941	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	846	0	0	2,510	192.09
192.10	19212	CARDIO PHYSICIANS	0	6,766	17,431	0	11,409	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)	14,190,866	6,627,748	27,158,132	593,003	114,237,428	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	18.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
9.04 00904 HOUSEKEEPING - SAXONY						9.04
9.05 00905 HOUSEKEEPING - MORGAN						9.05
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 PARAMED ED ADMINISTRATION						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	51,225,724					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	14,718,594				16.00
17.00 01700 SOCIAL SERVICE	0	0	6,730,835			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	2,819,031		18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	46,870,093	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	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	34	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0	0	23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10 02310 PARAMED PHARMACY TECH	69	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	165,881	1,293,435	4,694,511	247,611	12,846,711	30.00
31.00 03100 INTENSIVE CARE UNIT	37,300	153,427	408,011	29,372	1,661,515	31.00
32.00 03200 CORONARY CARE UNIT	81,153	140,154	352,457	26,831	110,419	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	63,668	279,934	599,924	53,590	366,324	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	2,771	19,114	48,282	3,659	34,320	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	207,410	34.00
34.02 03401 UH SURG 61C	9,663	31,623	80,932	6,054	0	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PEDIC	36,721	84,768	172,111	16,228	183,535	34.04
34.05 03404 TRANSPLANT ICU	2,856	18,398	46,145	3,522	11,937	34.05
34.06 03407 PEDS CANCER CARE	8,281	26,264	63,475	5,028	0	34.06
40.00 04000 SUBPROVIDER - IPF	96	30,688	138,979	5,875	132,802	40.00
43.00 04300 NURSERY	0	18,122	126,008	3,469	3,730	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	80,211	1,638,105	0	313,594	3,989,277	50.00
50.01 05001 ENDOSCOPY	3,531	54,349	0	10,404	136,532	50.01
51.00 05100 RECOVERY ROOM	15,811	241,815	0	46,292	268,588	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	122,067	0	23,368	387,960	52.00
53.00 05300 ANESTHESIOLOGY	125,702	130,997	0	25,078	3,755,009	53.00
53.01 05301 PULMONARY FUNCTION TESTING	58	67,254	0	12,875	83,561	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	116,688	1,161,394	0	222,334	2,886,575	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,620	274,388	0	52,528	26,859	55.00
56.00 05600 RADIOISOTOPE	6,397	64,310	0	12,311	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	535	104,209	0	19,949	66,401	59.00
60.00 06000 LABORATORY	29,139	1,449,612	0	277,509	1,401,880	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	35,554	0	6,806	11,191	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	214	242,198	0	46,366	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
				PATIENT TRANSPORTATION			
				15.00	16.00		
65.00 06500 RESPIRATORY THERAPY	716	254,296	0	48,682	0	65.00	
66.00 06600 PHYSICAL THERAPY	85	144,751	0	27,711	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	28,264	0	5,411	0	67.00	
68.00 06800 SPEECH PATHOLOGY	1,286	36,090	0	6,909	25,367	68.00	
69.00 06900 ELECTROCARDIOLOGY	893	196,841	0	37,683	400,644	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	97,871	0	18,736	3,231,263	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	406,964	0	77,908	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	928,033	0	177,660	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	49,895,765	2,205,419	0	423,547	0	73.00	
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	192,249	0	36,804	0	73.03	
74.00 07400 RENAL DIALYSIS	28,053	87,780	0	16,804	109,673	74.00	
76.00 03020 RH NBN ECMO IC	4,495	8,663	0	1,658	0	76.00	
76.01 03140 CARDIOLOGY	6,869	77,733	0	14,881	719,219	76.01	
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6	7,950	0	1,522	0	76.02	
76.03 03950 CARDIAC CATH	8,008	298,157	0	57,078	0	76.03	
76.04 03951 DAY SURGERY	13,825	10,487	0	2,008	160,407	76.04	
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05	
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06	
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07	
76.08 03954 ECMO-ADULT	0	14,948	0	2,862	20,890	76.08	
76.97 07697 CARDIAC REHABILITATION	5	4,455	0	853	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	8,663	0	1,658	316,337	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 AMB SVC-OB & GYN	303	20,512	0	3,927	159,661	90.01	
90.02 09002 IUSCC HEM/ONC	130,403	173,993	0	33,309	943,042	90.02	
90.03 09003 AMB SVC-OPHTHALMOLOGY	47	6,128	0	1,173	73,862	90.03	
90.04 09004 AMB SVC-PSYCH ADULT	0	8,398	0	1,608	793,081	90.04	
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	101,467	90.05	
90.06 09006 OUTPATIENT SURGERY	104	48,318	0	9,250	0	90.06	
90.07 09007 AMB SVC-RILEY CLINICS	17,467	26,886	0	5,147	1,400,388	90.07	
90.08 09008 MOTILITY LAB	37	1,851	0	354	1,018,396	90.08	
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09	
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	23,128	90.10	
90.11 09023 SLEEP LAB	0	35,614	0	6,818	40,288	90.11	
90.12 09024 OP CARE ADULTS	0	29	0	5	380,500	90.12	
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	267,096	90.13	
90.14 09012 ARTHRITIS CLINIC	1,048	10,287	0	1,969	238,745	90.14	
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15	
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16	
90.17 09015 PHYSICAL MEDICINE	441	2,221	0	425	0	90.17	
90.18 09016 DERMATOLOGY CLINIC	0	7,749	0	1,484	161,153	90.18	
90.19 09017 INFUSION/HEM/ONC	7,695	18,206	0	3,485	213,378	90.19	
90.20 09025 IUMG - MH	0	0	0	0	51,479	90.20	
90.21 09019 OP REHAB CLINIC	19	1,188	0	227	165,629	90.21	
90.22 09020 EATING DISORDERS CLINIC	0	5,474	0	1,048	0	90.22	
90.23 09018 GASTROENTEROLOGY CLINIC	16	1,070	0	205	475,998	90.23	
90.24 09021 LIFE CARE CLINIC	7	0	0	0	0	90.24	
91.00 09100 EMERGENCY	55,977	986,661	0	188,883	3,373,763	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	6,286	31,772	0	6,082	0	94.00	
95.00 09500 AMBULANCE SERVICES	3,576	190,086	0	36,389	0	95.00	
101.00 10100 HOME HEALTH AGENCY	0	204,264	0	39,104	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	15	66,938	0	12,814	0	105.00	
106.00 10600 HEART ACQUISITION	0	9,918	0	1,899	0	106.00	
107.00 10700 LIVER ACQUISITION	0	76,470	0	14,639	0	107.00	
108.00 10800 LUNG ACQUISITION	0	30,074	0	5,757	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	19,456	0	3,725	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	8,203	0	1,570	0	110.00	
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00	
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
116.00 11600 HOSPICE	238,471	35,035	0	6,707	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	51,211,317	14,718,594	6,730,835	2,819,031	43,437,390	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	3,008,931	191.00	
191.01 19101 RESEARCH-GCRC	745	0	0	0	0	191.01	
191.02 19102 OSA	0	0	0	0	0	191.02	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
						PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	396,167	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	13,321	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	16,414	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	132	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	199	0	0	0	11,191	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	10	0	0	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)	51,225,724	14,718,594	6,730,835	2,819,031	46,870,093	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2015

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3/30/2017 3:09 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22,238,066				22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		0			23.00
23.01	02301	PARAMED HEALTH SCIENCES			0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				1,294,602	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					197,005
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,095,272	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	788,325	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	52,390	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	173,807	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	16,283	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	98,408	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	87,080	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	5,664	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	63,009	0	0	0	40.00
43.00	04300	NURSERY	1,770	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,892,760	0	0	0	50.00
50.01	05001	ENDOSCOPY	64,779	0	0	0	50.01
51.00	05100	RECOVERY ROOM	127,435	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	184,072	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,781,608	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	39,646	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,369,569	0	0	1,294,602	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,743	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	31,505	0	0	0	59.00
60.00	06000	LABORATORY	665,138	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	5,310	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Worksheet B
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3/30/2017 3:09 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	23.02	23.03	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	197,005	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,036	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	190,090	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,533,110	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	52,036	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	341,242	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	76,107	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	9,912	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	150,090	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	75,753	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	447,437	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	35,045	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	376,286	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	48,142	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	664,430	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	483,190	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	10,974	0	0	0	0	90.10
90.11	09023	SLEEP LAB	19,115	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	180,533	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	126,727	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	113,275	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	76,461	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	101,240	0	0	0	0	90.19
90.20	09025	IUMG - MH	24,425	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	78,585	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	225,843	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	1,600,722	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,609,379	0	0	1,294,602	197,005	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	1,427,623	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY		
			SERVICES-OTHER PRGM COSTS APPRV						
			22.00	23.00	23.01	23.02	23.03		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	187,966	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	7,788	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	5,310	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	22,238,066	0	0	1,294,602	197,005	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	344,260					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		1,127,847				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			552,228			23.06
23.07	02307	PARAMED PHARMACY				1,981,905		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	786,633	0	6,418	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	68,368	0	1,443	0	31.00
32.00	03200	CORONARY CARE UNIT	0	59,059	0	3,140	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	100,526	0	2,463	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	8,090	0	107	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	0	13,561	0	374	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	28,840	0	1,421	0	34.04
34.05	03404	TRANSPLANT ICU	0	7,732	0	111	0	34.05
34.06	03407	PEDS CANCER CARE	0	10,636	0	320	0	34.06
40.00	04000	SUBPROVIDER - I PF	0	23,288	0	4	0	40.00
43.00	04300	NURSERY	0	21,114	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	3,103	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	137	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	612	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,864	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	2	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,515	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	101	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	248	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21	0	59.00
60.00	06000	LABORATORY	0	0	552,228	1,127	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	8	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3	0	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	50	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	35	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,930,450	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	1,085	0	74.00
76.00	03020	RH NBN ECMO I C	0	0	0	174	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	266	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	310	0	76.03
76.04	03951	DAY SURGERY	0	0	0	535	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	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	12	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	5,045	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	2	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	4	0	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	0	0	0	676	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	1	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	41	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	17	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	298	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	1	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	1	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	344,260	0	0	2,166	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	243	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	138	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	1	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	9,227	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	344,260	1,127,847	552,228	1,981,348	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	29	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	515	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0 192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0 192.06
192.07	19207	RHI	0	0	0	5	0	0 192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	8	0	0 192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0 192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0 192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0 192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	344,260	1,127,847	552,228	1,981,905	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.09	23.10	23.11	24.00	25.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00590	PURCHASING, RECEIVING & STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01	
9.02	00902	HOUSEKEEPING - RILEY					9.02	
9.03	00903	HOUSEKEEPING - METHODIST					9.03	
9.04	00904	HOUSEKEEPING - SAXONY					9.04	
9.05	00905	HOUSEKEEPING - MORGAN					9.05	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
13.01	01851	PARAMED ADMINISTRATION					13.01	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
18.00	01850	PATIENT TRANSPORTATION					18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00	
23.00	02300	PARAMED PRGM-(SPECIFY)					23.00	
23.01	02301	PARAMED HEALTH SCIENCES					23.01	
23.02	02302	PARAMED RADIOLOGY-METHODIST					23.02	
23.03	02303	PARAMED RESPIRATORY THERAPY					23.03	
23.04	02304	PARAMED EMERGENCY					23.04	
23.05	02312	PARAMED PASTORAL EDUCATION					23.05	
23.06	02306	PARAMED LAB SCIENCE PRO					23.06	
23.07	02307	PARAMED PHARMACY					23.07	
23.08	02308	PARAMED MEDICAL ASSIST					23.08	
23.09	02309	PARAMED SURGERY TECHNOLOGY	491,918	425,871			23.09	
23.10	02310	PARAMED PHARMACY TECH					23.10	
23.11	02311	PARAMED NEUROPHYSIOLOGY			0		23.11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	258,974,321	-18,941,983	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	29,940,213	-2,449,840	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	27,983,006	-162,809	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	33,786,004	-540,131	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,439,626	-50,603	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	305,818	-305,818	34.00
34.02	03401	UH SURG 61C	0	0	0	5,534,893	0	34.02
34.03	03402	UH NS 31C	0	0	0	1,295	0	34.03
34.04	03403	RH PEDIC	0	0	0	16,429,001	-270,615	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	4,135,139	-17,601	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	5,297,818	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,655,594	-195,811	40.00
43.00	04300	NURSERY	0	0	0	4,716,456	-5,500	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	491,918	0	0	109,283,274	-5,882,037	50.00
50.01	05001	ENDOSCOPY	0	0	0	4,067,441	-201,311	50.01
51.00	05100	RECOVERY ROOM	0	0	0	15,826,698	-396,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	16,113,045	-572,032	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,302,248	-5,536,617	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	5,724,732	-123,207	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	83,461,588	-4,256,144	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	13,081,364	-39,602	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,319,383	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,441,178	-97,906	59.00
60.00	06000	LABORATORY	0	0	0	93,855,235	-2,067,018	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	3,966,936	-16,501	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	1,930	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	17,701,316	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,710,334	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,796,022	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,383,754	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,059,138	-37,403	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,053,458	-590,734	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12,398,467	-4,764,373	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	72,742,429	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	132,444,714	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	425,871	0	247,939,457	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	82,750,990	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	13,038,630	-161,709	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	1,770,799	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	5,369,173	-1,060,461	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,840,004	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	9,313,583	0	76.03
76.04	03951	DAY SURGERY	0	0	0	6,573,830	-236,514	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	1,229,773	-30,802	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,308,439	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	6,641,631	-466,427	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	3,985,849	-235,414	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	44,081,292	-1,390,479	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	945,472	-108,907	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	2,817,992	-1,169,367	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	149,609	-149,609	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	3,581,596	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	8,065,517	-2,064,818	90.07
90.08	09008	MOTILITY LAB	0	0	0	1,803,857	-1,501,586	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	194,433	-34,102	90.10
90.11	09023	SLEEP LAB	0	0	0	4,698,090	-59,403	90.11
90.12	09024	OP CARE ADULTS	0	0	0	1,140,334	-561,033	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	393,823	-393,823	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	728,952	-352,020	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	1,749,567	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	1,718,913	-237,614	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	1,546,310	-314,618	90.19
90.20	09025	IUMG - MH	0	0	0	432,183	-75,904	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	538,852	-244,214	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	1,621,358	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	2,122,654	-701,841	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	1,761,004	0	90.24
91.00	09100	EMERGENCY	0	0	0	47,020,636	-4,974,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	2,307,332	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	30,050,566	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	48,003,916	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	12,534,681	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,662,549	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	10,645,832	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	5,167,569	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	2,865,945	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	1,238,111	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	560,880	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	5,379,960	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	7,895,406	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	491,918	425,871	0	1,706,121,217	-64,046,769	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	708,284	0	190.00
191.00	19100	RESEARCH	0	0	0	7,974,543	-4,436,554	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	352,936	0	191.01
191.02	19102	OSA	0	0	0	5,619,477	0	191.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,834,926	-584,133	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	25,091,849	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	21,969,687	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	26,089,492	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	185,051	-24,202	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	98,274	0	192.06
192.07	19207	RHI	0	0	0	357,908	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	33,486,346	-16,501	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	97,297	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	1,494,162	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	6,642,661	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	491,918	425,871	0	1,843,124,110	-69,108,159	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00590 PURCHASING, RECEIVING & STORES		5.03
5.04	00570 ADMINISTRATION		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902 HOUSEKEEPING - RILEY		9.02
9.03	00903 HOUSEKEEPING - METHODIST		9.03
9.04	00904 HOUSEKEEPING - SAXONY		9.04
9.05	00905 HOUSEKEEPING - MORGAN		9.05
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
13.01	01851 PARAMED ED ADMINISTRATION		13.01
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 PARAMED ED HEALTH SCIENCES		23.01
23.02	02302 PARAMED RADIOLOGY-METHODIST		23.02
23.03	02303 PARAMED RESPIRATORY THERAPY		23.03
23.04	02304 PARAMED EMERGENCY		23.04
23.05	02312 PARAMED PASTORAL EDUCATION		23.05
23.06	02306 PARAMED LAB SCIENCE PRO		23.06
23.07	02307 PARAMED PHARMACY		23.07
23.08	02308 PARAMED MEDICAL ASSIST		23.08
23.09	02309 PARAMED SURGERY TECHNOLOGY		23.09
23.10	02310 PARAMED PHARMACY TECH		23.10
23.11	02311 PARAMED NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	240,032,338	30.00
31.00	03100 INTENSIVE CARE UNIT	27,490,373	31.00
32.00	03200 CORONARY CARE UNIT	27,820,197	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	33,245,873	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	4,389,023	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401 UH SURG 61C	5,534,893	34.02
34.03	03402 UH NS 31C	1,295	34.03
34.04	03403 RH PEDIC	16,158,386	34.04
34.05	03404 TRANSPLANT ICU	4,117,538	34.05
34.06	03407 PEDS CANCER CARE	5,297,818	34.06
40.00	04000 SUBPROVIDER - IPF	6,459,783	40.00
43.00	04300 NURSERY	4,710,956	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	103,401,237	50.00
50.01	05001 ENDOSCOPY	3,866,130	50.01
51.00	05100 RECOVERY ROOM	15,430,675	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	15,541,013	52.00
53.00	05300 ANESTHESIOLOGY	5,765,631	53.00
53.01	05301 PULMONARY FUNCTION TESTING	5,601,525	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	79,205,444	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	13,041,762	55.00
56.00	05600 RADIOISOTOPE	3,319,383	56.00
59.00	05900 CARDIAC CATHETERIZATION	3,343,272	59.00
60.00	06000 LABORATORY	91,788,217	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	3,950,435	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	1,930	60.02
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	17,701,316	63.00
65.00	06500 RESPIRATORY THERAPY	31,710,334	65.00
66.00	06600 PHYSICAL THERAPY	21,796,022	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,383,754	67.00
68.00	06800 SPEECH PATHOLOGY	6,021,735	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Total	
		26.00	
69.00	06900 ELECTROCARDIOLOGY	6,462,724	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	7,634,094	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	72,742,429	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	132,444,714	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	247,939,457	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	82,750,990	73.03
74.00	07400 RENAL DIALYSIS	12,876,921	74.00
76.00	03020 RH NBN ECMO IC	1,770,799	76.00
76.01	03140 CARDIOLOGY	4,308,712	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,840,004	76.02
76.03	03950 CARDIAC CATH	9,313,583	76.03
76.04	03951 DAY SURGERY	6,337,316	76.04
76.05	03480 ONCOLOGY	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0	76.07
76.08	03954 ECMO-ADULT	1,198,971	76.08
76.97	07697 CARDIAC REHABILITATION	1,308,439	76.97
OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	6,175,204	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 AMB SVC-OB & GYN	3,750,435	90.01
90.02	09002 IUSCC HEM/ONC	42,690,813	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	836,565	90.03
90.04	09004 AMB SVC-PSYCH ADULT	1,648,625	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	90.05
90.06	09006 OUTPATIENT SURGERY	3,581,596	90.06
90.07	09007 AMB SVC-RILEY CLINICS	6,000,699	90.07
90.08	09008 MOTILITY LAB	302,271	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	90.09
90.10	09010 CLINICAL GERIATRICS	160,331	90.10
90.11	09023 SLEEP LAB	4,638,687	90.11
90.12	09024 OP CARE ADULTS	579,301	90.12
90.13	09011 PEDIATRIC CLINIC	0	90.13
90.14	09012 ARTHRITIS CLINIC	376,932	90.14
90.15	09013 NEUROLOGY UH	0	90.15
90.16	09014 ORTHOPEDICS UH	0	90.16
90.17	09015 PHYSICAL MEDICINE	1,749,567	90.17
90.18	09016 DERMATOLOGY CLINIC	1,481,299	90.18
90.19	09017 INFUSION/HEM/ONC	1,231,692	90.19
90.20	09025 IUMG - MH	356,279	90.20
90.21	09019 OP REHAB CLINIC	294,638	90.21
90.22	09020 EATING DISORDERS CLINIC	1,621,358	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	1,420,813	90.23
90.24	09021 LIFE CARE CLINIC	1,761,004	90.24
91.00	09100 EMERGENCY	42,046,151	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	2,307,332	94.00
95.00	09500 AMBULANCE SERVICES	30,050,566	95.00
101.00	10100 HOME HEALTH AGENCY	48,003,916	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	12,534,681	105.00
106.00	10600 HEART ACQUISITION	1,662,549	106.00
107.00	10700 LIVER ACQUISITION	10,645,832	107.00
108.00	10800 LUNG ACQUISITION	5,167,569	108.00
109.00	10900 PANCREAS ACQUISITION	2,865,945	109.00
110.00	11000 INTESTINAL ACQUISITION	1,238,111	110.00
112.00	08600 OTHER ORGAN ACQUISITION	560,880	112.00
112.01	08601 POST TRANSPLANT EXPENSES	5,379,960	112.01
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	7,895,406	116.00
118.00		1,642,074,448	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	708,284	190.00
191.00	19100 RESEARCH	3,537,989	191.00
191.01	19101 RESEARCH-GCRC	352,936	191.01
191.02	19102 OSA	5,619,477	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,250,793	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	25,091,849	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	21,969,687	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	26,089,492	192.03
192.04	19204 MHH RADIOLOGY	160,849	192.04
192.06	19206 BELTWAY SURGERY	98,274	192.06
192.07	19207 RHI	357,908	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	33,469,845	192.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Total	
		26.00	
192.09	19209 ARTHRITIS CLINIC - NR	97,297	192.09
192.10	19212 CARDIO PHYSICIANS	1,494,162	192.10
192.11	19211 UNUSED SPACE	6,642,661	192.11
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	1,774,015,951	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	89,158	2,753	91,911	4.00
5.01 00540	NONPATIENT TELEPHONES	0	0	1,646	1,646	5.01
5.02 00550	DATA PROCESSING	0	26,995	92,182	119,177	5.02
5.03 00590	PURCHASING, RECEIVING & STORES	0	29,274	122,353	151,627	5.03
5.04 00570	ADMINISTRATIVE	0	18,407	6,377	24,784	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,151,727	2,438,920	4,590,647	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	335,944	29,739	365,683	6.00
7.00 00700	OPERATION OF PLANT	0	287,615	22,595	310,210	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	405,568	1,348	406,916	8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	9.01
9.02 00902	HOUSEKEEPING - RILEY	0	0	0	0	9.02
9.03 00903	HOUSEKEEPING - METHODIST	0	23,899	0	23,899	9.03
9.04 00904	HOUSEKEEPING - SAXONY	0	0	21,494	21,494	9.04
9.05 00905	HOUSEKEEPING - MORGAN	0	0	0	0	9.05
10.00 01000	DIETARY	0	569,765	151,131	720,896	10.00
11.00 01100	CAFETERIA	0	100,220	8,301	108,521	11.00
13.00 01300	NURSING ADMINISTRATION	0	403,094	271,931	675,025	13.00
13.01 01851	PARAMEDICAL ADMINISTRATION	0	130,958	12,625	143,583	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	0	683,210	810,478	1,493,688	14.00
15.00 01500	PHARMACY	0	840,359	1,856,092	2,696,451	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	56,412	0	56,412	16.00
17.00 01700	SOCIAL SERVICE	0	63,109	0	63,109	17.00
18.00 01850	PATIENT TRANSPORTATION	0	11,788	72,106	83,894	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	46,399	0	46,399	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	613,935	4,972	618,907	22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	23.01
23.02 02302	PARAMEDICAL RADIOLOGY-METHODIST	0	50,116	0	50,116	23.02
23.03 02303	PARAMEDICAL RESPIRATORY THERAPY	0	48,122	0	48,122	23.03
23.04 02304	PARAMEDICAL EMERGENCY	0	46,774	4,959	51,733	23.04
23.05 02312	PARAMEDICAL PASTORAL EDUCATION	0	0	0	0	23.05
23.06 02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	23.06
23.07 02307	PARAMEDICAL PHARMACY	0	0	2,997	2,997	23.07
23.08 02308	PARAMEDICAL MEDICAL ASSISTANT	0	0	0	0	23.08
23.09 02309	PARAMEDICAL SURGERY TECHNOLOGY	0	29,650	0	29,650	23.09
23.10 02310	PARAMEDICAL PHARMACY TECH	0	28,990	0	28,990	23.10
23.11 02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	10,660,434	4,935,625	15,596,059	30.00
31.00 03100	INTENSIVE CARE UNIT	0	731,668	233,930	965,598	31.00
32.00 03200	CORONARY CARE UNIT	0	666,630	278,832	945,462	32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	0	107,020	2,825,199	2,932,219	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	198,212	738,609	936,821	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02 03401	UH SURG 61C	0	0	81,887	81,887	34.02
34.03 03402	UH NS 31C	0	0	0	0	34.03
34.04 03403	RH PEDIC	0	644,583	292,421	937,004	34.04
34.05 03404	TRANSPLANT ICU	0	175,634	7,053	182,687	34.05
34.06 03407	PEDS CANCER CARE	0	551,060	673,024	1,224,084	34.06
40.00 04000	SUBPROVIDER - I/PF	0	324,403	8,390	332,793	40.00
43.00 04300	NURSERY	0	325,659	7,639	333,298	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	3,494,326	15,422,832	18,917,158	50.00
50.01 05001	ENDOSCOPY	0	87,215	590,362	677,577	50.01
51.00 05100	RECOVERY ROOM	0	835,256	425,509	1,260,765	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	344,014	416,488	760,502	52.00
53.00 05300	ANESTHESIOLOGY	0	131,917	692,688	824,605	53.00
53.01 05301	PULMONARY FUNCTION TESTING	0	271,903	232,956	504,859	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	3,316,684	10,633,589	13,950,273	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	575,814	1,488,310	2,064,124	55.00
56.00 05600	RADIOISOTOPE	0	252,499	672,269	924,768	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	146,567	955,022	1,101,589	59.00
60.00 06000	LABORATORY	0	2,537,723	7,727,509	10,265,232	60.00
60.01 06001	TRANSPLANT IMMUNOLOGY	0	57,901	29,322	87,223	60.01
60.02 06002	BONE MARROW TRANSPLANT LAB	0	0	1,767	1,767	60.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
		0	0			
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	116,334	63,015	179,349	464	63.00
65.00 06500 RESPIRATORY THERAPY	0	313,108	1,210,099	1,523,207	2,758	65.00
66.00 06600 PHYSICAL THERAPY	0	654,505	227,828	882,333	1,852	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	190,958	3,803	194,761	387	67.00
68.00 06800 SPEECH PATHOLOGY	0	349,273	246,059	595,332	477	68.00
69.00 06900 ELECTROCARDIOLOGY	0	138,238	701,521	839,759	525	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	282,849	443,292	726,141	565	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	172,758	0	172,758	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	73,912	173,989	247,901	925	73.03
74.00 07400 RENAL DIALYSIS	0	436,255	524,772	961,027	875	74.00
76.00 03020 RH NBN ECMO IC	0	0	15,346	15,346	163	76.00
76.01 03140 CARDIOLOGY	0	138,652	512,963	651,615	99	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	36,943	31,811	68,754	314	76.02
76.03 03950 CARDIAC CATH	0	456,488	582,310	1,038,798	553	76.03
76.04 03951 DAY SURGERY	0	302,058	34,185	336,243	484	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08 03954 ECMO-ADULT	0	0	0	0	115	76.08
76.97 07697 CARDIAC REHABILITATION	0	109,093	145,518	254,611	52	76.97
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	545	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	0	263,924	183,155	447,079	271	90.01
90.02 09002 IUSCC HEM/ONC	0	1,703,737	2,088,220	3,791,957	3,213	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	4,352	275,412	279,764	41	90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	371,734	17,725	389,459	66	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	0	151,774	156,452	308,226	278	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	494,454	174,282	668,736	747	90.07
90.08 09008 MOTILITY LAB	0	5,505	57,460	62,965	23	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	60,272	2,172	62,444	0	90.10
90.11 09023 SLEEP LAB	0	217,680	106,552	324,232	419	90.11
90.12 09024 OP CARE ADULTS	0	131,023	1,723	132,746	0	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14 09012 ARTHRITIS CLINIC	0	0	5,915	5,915	18	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	0	181,411	4,028	185,439	114	90.17
90.18 09016 DERMATOLOGY CLINIC	0	109,248	36,774	146,022	93	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	6,606	6,606	67	90.19
90.20 09025 IUMG - MH	0	0	406	406	35	90.20
90.21 09019 OP REHAB CLINIC	0	27,124	4,393	31,517	18	90.21
90.22 09020 EATING DISORDERS CLINIC	0	0	27,318	27,318	132	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	156,023	0	156,023	90	90.23
90.24 09021 LIFE CARE CLINIC	0	59,300	1,924	61,224	161	90.24
91.00 09100 EMERGENCY	0	1,552,844	684,402	2,237,246	2,958	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	158,199	78,908	237,107	120	94.00
95.00 09500 AMBULANCE SERVICES	0	0	2,920,841	2,920,841	1,305	95.00
101.00 10100 HOME HEALTH AGENCY	0	306,320	115,948	422,268	2,677	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	84,339	149,326	233,665	348	105.00
106.00 10600 HEART ACQUISITION	0	9,391	12,502	21,893	37	106.00
107.00 10700 LIVER ACQUISITION	0	64,676	79,722	144,398	157	107.00
108.00 10800 LUNG ACQUISITION	0	20,414	33,703	54,117	80	108.00
109.00 10900 PANCREAS ACQUISITION	0	12,876	35,586	48,462	44	109.00
110.00 11000 INTESTINAL ACQUISITION	0	4,624	5,789	10,413	24	110.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	229,138	229,138	24	112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	145,181	0	145,181	502	112.01
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	86,982	23,627	110,609	527	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	43,683,441	67,742,751	111,426,192	89,634	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	232,538	1,034	233,572	0	190.00
191.00 19100 RESEARCH	0	347,408	5,487	352,895	60	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
191.01 19101 RESEARCH-GCRC	0	93,730	0	93,730	0	191.01
191.02 19102 OSA	0	19,857	3,052	22,909	190	191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	645,386	3,530	648,916	55	192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	0	1,961,961	976,013	2,937,974	825	192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	0	67,979	82,109	150,088	204	192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	10,214,753	0	10,214,753	0	192.03
192.04 19204 MHH RADIOLOGY	0	0	0	0	17	192.04
192.06 19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07 19207 RHI	0	0	75,418	75,418	25	192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	0	201,165	808,437	1,009,602	829	192.08
192.09 19209 ARTHRITIS CLINIC - NR	0	0	0	0	7	192.09
192.10 19212 CARDIO PHYSICIANS	0	0	20,557	20,557	65	192.10
192.11 19211 UNUSED SPACE	0	2,565,923	0	2,565,923	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	60,034,141	69,718,388	129,752,529	91,911	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	1,646					5.01
5.02	00550	DATA PROCESSING	0	119,179				5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	151,631			5.03
5.04	00570	ADMINISTRATIVE	0	0	0	24,784		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	40	2,928	68	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1	87	18	0	0	6.00
7.00	00700	OPERATION OF PLANT	2	159	1	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	70	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	2	159	2	0	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	3	188	5	0	0	9.05
10.00	01000	DIETARY	28	2,015	4	0	0	10.00
11.00	01100	CAFETERIA	1	58	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	31	2,232	9	0	0	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	0	29	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	14	1,029	1,248	0	0	14.00
15.00	01500	PHARMACY	59	4,276	1,419	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	43	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	13	957	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	10	696	3	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	29	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	2	159	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	1	58	2	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	29	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	3	203	0	0	0	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	1	87	6	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	4	275	0	0	0	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	1	58	0	0	0	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	1	58	1	0	0	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	333	24,159	7,846	3,905	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37	2,696	1,318	453	0	31.00
32.00	03200	CORONARY CARE UNIT	38	2,725	1,641	414	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	44	3,189	1,332	827	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4	319	127	56	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	8	594	468	93	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	22	1,580	839	250	0	34.04
34.05	03404	TRANSPLANT ICU	5	377	266	54	0	34.05
34.06	03407	PEDS CANCER CARE	5	362	87	78	0	34.06
40.00	04000	SUBPROVIDER - I PF	9	652	29	91	0	40.00
43.00	04300	NURSERY	5	333	83	54	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	97	7,059	10,959	3,239	0	50.00
50.01	05001	ENDOSCOPY	4	261	555	105	0	50.01
51.00	05100	RECOVERY ROOM	20	1,421	331	322	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19	1,377	435	319	0	52.00
53.00	05300	ANESTHESIOLOGY	4	319	1,766	271	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	8	551	132	27	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	78	5,682	1,862	1,450	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11	826	142	41	0	55.00
56.00	05600	RADIOISOTOPE	2	159	38	39	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	2	116	0	87	0	59.00
60.00	06000	LABORATORY	158	11,466	25,349	2,197	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2	174	909	15	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	9	623	768	626	0	63.00
65.00	06500	RESPIRATORY THERAPY	54	3,928	1,024	734	0	65.00
66.00	06600	PHYSICAL THERAPY	34	2,450	445	302	0	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
67.00	06700	OCCUPATIONAL THERAPY	8	551	75	65	0	67.00
68.00	06800	SPEECH PATHOLOGY	9	652	51	44	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12	855	71	333	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10	725	168	189	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	30,123	709	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	52,096	2,073	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,290	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	15	1,087	102	0	0	73.03
74.00	07400	RENAL DIALYSIS	19	1,363	1,361	97	0	74.00
76.00	03020	RH NBN ECMO I C	2	116	156	26	0	76.00
76.01	03140	CARDIOLOGY	2	130	327	65	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1	43	19	6	0	76.02
76.03	03950	CARDIAC CATH	9	652	389	315	0	76.03
76.04	03951	DAY SURGERY	10	725	458	6	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	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2	130	0	44	0	76.08
76.97	07697	CARDIAC REHABILITATION	1	72	4	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	7	493	39	1	0	90.01
90.02	09002	IUSCC HEM/ONC	40	2,914	1,220	5	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1	87	3	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1	87	2	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	6	420	33	57	0	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	15	1,058	140	3	0	90.07
90.08	09008	MOTILITY LAB	0	14	54	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	8	565	75	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	29	14	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	4	261	9	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	3	188	55	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	2	116	22	0	0	90.19
90.20	09025	IUMG - MH	1	58	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	29	1	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	2	174	1	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2	174	10	0	0	90.23
90.24	09021	LIFE CARE CLINIC	4	261	2	0	0	90.24
91.00	09100	EMERGENCY	60	4,320	1,795	781	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	2	159	336	0	0	94.00
95.00	09500	AMBULANCE SERVICES	25	1,826	193	3	0	95.00
101.00	10100	HOME HEALTH AGENCY	52	3,783	140	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6	435	99	198	0	105.00
106.00	10600	HEART ACQUISITION	1	43	1	29	0	106.00
107.00	10700	LIVER ACQUISITION	3	217	34	226	0	107.00
108.00	10800	LUNG ACQUISITION	1	101	6	89	0	108.00
109.00	10900	PANCREAS ACQUISITION	1	58	17	57	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	29	4	24	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	29	94	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	8	609	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11	812	62	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,596	115,660	151,468	24,784	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	130	0	0	0	190.00
191.00	19100	RESEARCH	1	87	23	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	44	0	0	191.01
191.02	19102	OSA	4	275	19	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	43	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	23	1,638	41	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	1	72	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
192.04	19204	MHH RADIOLOGY	0	14	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	1	43	15	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	15	1,087	3	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	14	3	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	2	116	15	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)	1,646	119,179	151,631	24,784	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,596,367					5.06
6.00	00600	MAINTENANCE & REPAIRS	62,025	427,881				6.00
7.00	00700	OPERATION OF PLANT	128,570	2,145	441,145			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,138	3,024	3,134	414,282		8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	5,065	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	6,956	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	4,849	178	185	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,653	0	0	3	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,478	0	0	0	0	9.05
10.00	01000	DIETARY	33,260	4,249	4,402	0	0	10.00
11.00	01100	CAFETERIA	16,130	747	774	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	65,935	3,006	3,115	0	0	13.00
13.01	01851	PARAMEDIC ADMINISTRATION	1,004	977	1,012	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	282,123	5,094	5,279	1,135	0	14.00
15.00	01500	PHARMACY	121,279	6,266	6,493	24	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,464	421	436	0	0	16.00
17.00	01700	SOCIAL SERVICE	16,387	471	488	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	6,879	88	91	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	116,696	346	359	111	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	53,234	4,578	4,744	0	0	22.00
23.00	02300	PARAMEDIC PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDIC HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMEDIC RADIOLOGY-METHODIST	2,729	374	387	0	0	23.02
23.03	02303	PARAMEDIC RESPIRATORY THERAPY	306	359	372	0	0	23.03
23.04	02304	PARAMEDIC EMERGENCY	629	349	361	0	0	23.04
23.05	02312	PARAMEDIC PASTORAL EDUCATION	2,498	0	0	0	0	23.05
23.06	02306	PARAMEDIC LAB SCIENCE PRO	1,217	0	0	0	0	23.06
23.07	02307	PARAMEDIC PHARMACY	4,390	0	0	0	0	23.07
23.08	02308	PARAMEDIC MEDICAL ASSISTANT	0	0	0	0	0	23.08
23.09	02309	PARAMEDIC SURGERY TECHNOLOGY	1,006	221	229	0	0	23.09
23.10	02310	PARAMEDIC PHARMACY TECH	859	216	224	0	0	23.10
23.11	02311	PARAMEDIC NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	465,142	79,492	82,366	218,984	0	30.00
31.00	03100	INTENSIVE CARE UNIT	56,646	5,456	5,653	19,346	0	31.00
32.00	03200	CORONARY CARE UNIT	56,905	4,971	5,151	16,543	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	72,335	798	827	5,793	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,084	1,478	1,531	1,975	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	11,547	0	0	5,487	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	32,863	4,806	4,980	7,042	0	34.04
34.05	03404	TRANSPLANT ICU	8,282	1,310	1,357	3,311	0	34.05
34.06	03407	PEDS CANCER CARE	9,954	4,109	4,258	2,182	0	34.06
40.00	04000	SUBPROVIDER - I PF	12,289	2,419	2,507	3,689	0	40.00
43.00	04300	NURSERY	9,731	2,428	2,516	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	211,124	26,056	26,999	35,029	0	50.00
50.01	05001	ENDOSCOPY	7,768	650	674	2,488	0	50.01
51.00	05100	RECOVERY ROOM	31,953	6,228	6,454	2,352	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,156	2,565	2,658	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,417	984	1,019	1	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	12,296	2,027	2,101	640	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	172,413	24,731	25,626	23,672	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28,874	4,294	4,449	2,754	0	55.00
56.00	05600	RADIOISOTOPE	7,040	1,883	1,951	600	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	7,333	1,093	1,132	75	0	59.00
60.00	06000	LABORATORY	164,483	18,923	19,608	600	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	7,788	432	447	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	5	0	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	41,472	867	899	17	0	63.00
65.00	06500	RESPIRATORY THERAPY	74,144	2,335	2,419	92	0	65.00
66.00	06600	PHYSICAL THERAPY	50,284	4,880	5,057	3,472	0	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
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3/30/2017 3:09 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
67.00	06700	OCCUPATIONAL THERAPY	9,907	1,424	1,475	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,316	2,604	2,699	66	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,656	1,031	1,068	1,866	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,287	2,109	2,185	85	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	122,416	1,288	1,335	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	228,725	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	481,812	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	205,165	551	571	0	0	73.03
74.00	07400	RENAL DIALYSIS	26,411	3,253	3,371	2,139	0	74.00
76.00	03020	RH NBN ECMO I C	3,892	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	9,217	1,034	1,071	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,840	275	285	0	0	76.02
76.03	03950	CARDIAC CATH	19,171	3,404	3,527	4,798	0	76.03
76.04	03951	DAY SURGERY	12,823	2,252	2,334	5,580	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	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	2,861	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	2,741	813	843	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	15,373	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	7,940	1,968	2,039	851	0	90.01
90.02	09002	IUSCC HEM/ONC	95,406	12,704	13,164	2,423	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	2,033	32	34	1	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,689	2,772	2,872	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	7,922	1,132	1,173	461	0	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	11,806	3,687	3,820	1,383	0	90.07
90.08	09008	MOTILITY LAB	601	41	43	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	183	449	466	0	0	90.10
90.11	09023	SLEEP LAB	10,440	1,623	1,682	0	0	90.11
90.12	09024	OP CARE ADULTS	973	977	1,012	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	854	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	3,538	1,353	1,402	153	0	90.17
90.18	09016	DERMATOLOGY CLINIC	3,000	815	844	442	0	90.18
90.19	09017	INFUSION/HEM/ONC	2,830	0	0	0	0	90.19
90.20	09025	IUMG - MH	837	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	577	202	210	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	3,979	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,826	1,163	1,206	270	0	90.23
90.24	09021	LIFE CARE CLINIC	3,985	442	458	0	0	90.24
91.00	09100	EMERGENCY	85,752	11,579	11,998	33,710	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	4,242	1,180	1,222	0	0	94.00
95.00	09500	AMBULANCE SERVICES	72,618	0	0	9	0	95.00
101.00	10100	HOME HEALTH AGENCY	115,860	2,284	2,367	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	30,486	629	652	0	0	105.00
106.00	10600	HEART ACQUISITION	4,052	70	73	0	0	106.00
107.00	10700	LIVER ACQUISITION	25,989	482	500	0	0	107.00
108.00	10800	LUNG ACQUISITION	12,695	152	158	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	7,002	96	99	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	3,034	34	36	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	1,216	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	12,798	1,083	1,122	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	17,938	649	672	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,328,801	305,960	314,812	411,654	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	869	1,734	1,797	0	0	190.00
191.00	19100	RESEARCH	7,517	2,590	2,684	0	0	191.00
191.01	19101	RESEARCH-GCRC	331	699	724	1,801	0	191.01
191.02	19102	OSA	13,795	148	153	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,833	4,812	4,987	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	54,927	14,630	15,159	827	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	54,506	507	525	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	27,815	76,168	78,924	0	0	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.04	19204	MHH RADIOLOGY	399	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	245	0	0	0	0	192.06
192.07	19207	RHI	857	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	82,614	1,500	1,554	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	234	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	3,637	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	6,987	19,133	19,826	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)	4,596,367	427,881	441,145	414,282	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	5,065					9.01
9.02	00902	HOUSEKEEPING - RILEY	0	6,956				9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	29,111			9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	0	0	23,364		9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	0	0	0	1,724	9.05
10.00	01000	DIETARY	63	18	402	343	58	10.00
11.00	01100	CAFETERIA	0	0	0	542	28	11.00
13.00	01300	NURSING ADMINISTRATION	26	10	445	0	4	13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	0	198	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	70	129	186	748	17	14.00
15.00	01500	PHARMACY	105	82	471	536	13	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5	0	0	0	45	16.00
17.00	01700	SOCIAL SERVICE	1	18	40	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	4	0	1	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2	21	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	20	0	850	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	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	76	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	73	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	71	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	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	45	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	44	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,099	1,855	5,321	3,109	223	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	976	0	0	31.00
32.00	03200	CORONARY CARE UNIT	85	79	434	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	162	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	99	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	0	0	34.02
34.03	03402	UH NS 31C	3	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	321	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	67	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	274	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	420	0	0	40.00
43.00	04300	NURSERY	63	0	129	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	444	412	1,706	1,932	215	50.00
50.01	05001	ENDOSCOPY	0	0	132	0	0	50.01
51.00	05100	RECOVERY ROOM	42	123	276	2,199	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25	0	274	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1	56	26	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	21	88	55	29	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	369	376	1,775	1,206	196	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	135	0	340	0	0	55.00
56.00	05600	RADIOISOTOPE	38	14	173	84	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,089	0	59.00
60.00	06000	LABORATORY	98	75	224	695	57	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	88	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6	0	39	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	19	45	226	62	16	65.00
66.00	06600	PHYSICAL THERAPY	18	39	564	477	50	66.00
67.00	06700	OCCUPATIONAL THERAPY	17	33	100	0	15	67.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			HOUSEKEEPING - UNI VERSI TY	HOUSEKEEPING - RI LEY	HOUSEKEEPING - METHO DI ST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
68.00	06800	SPEECH PATHOLOGY	26	94	139	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8	151	0	22	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36	318	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20	202	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	64	0	0	73.03
74.00	07400	RENAL DIALYSIS	103	29	166	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	7	60	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	56	0	0	76.02
76.03	03950	CARDIAC CATH	1	29	599	0	0	76.03
76.04	03951	DAY SURGERY	111	0	18	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	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	23	530	23	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	101	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	558	0	377	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	2	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2	0	555	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	58	0	0	0	0	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	0	246	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	3	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	91	0	0	90.10
90.11	09023	SLEEP LAB	0	0	262	335	0	90.11
90.12	09024	OP CARE ADULTS	0	0	199	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	70	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	42	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	13	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	60	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	90	0	0	90.24
91.00	09100	EMERGENCY	33	175	1,173	1,264	114	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	61	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1	0	16	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	26	4	53	0	0	105.00
106.00	10600	HEART ACQUISITION	2	0	6	0	0	106.00
107.00	10700	LIVER ACQUISITION	10	2	40	0	0	107.00
108.00	10800	LUNG ACQUISITION	4	1	13	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1	0	8	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1	0	3	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	24	4	91	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3	0	121	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,153	4,891	21,176	15,180	1,096	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21	65	64	0	5	190.00
191.00	19100	RESEARCH	2	0	518	0	0	191.00
191.01	19101	RESEARCH-GCRC	19	0	66	0	0	191.01
191.02	19102	OSA	2	7	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6	9	0	0	623	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	35	18	2,496	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMG	0	0	103	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	713	1,334	3,391	7,382	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm		
Cost Center Description			HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN		
			9.01	9.02	9.03	9.04	9.05		
192.07	19207	RHI	0	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	2	52	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	114	630	1,245	802	0	0	192.11
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,065	6,956	29,111	23,364	1,724	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY	766,617					10.00
11.00	01100	CAFETERIA	0	126,822				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,492	754,769			13.00
13.01	01851	PARAMED ED ADMINISTRATION	0	32	0	146,856		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,149	0	0	1,792,374	14.00
15.00	01500	PHARMACY	0	4,774	242	0	16,932	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,068	242	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	777	0	0	36	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	32	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	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	178	0	29,349	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	65	0	0	26	23.03
23.04	02304	PARAMED EMERGENCY	0	32	0	5,665	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	227	0	28,262	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	97	0	13,433	73	23.06
23.07	02307	PARAMED PHARMACY	0	308	0	50,886	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	65	0	10,519	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	65	0	8,742	10	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	640,141	26,967	293,579	0	93,633	30.00
31.00	03100	INTENSIVE CARE UNIT	19,893	3,010	40,451	0	15,724	31.00
32.00	03200	CORONARY CARE UNIT	22,700	3,043	41,178	0	19,587	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,347	3,561	47,960	0	15,901	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,934	356	4,118	0	1,512	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 6IC	1,935	664	8,962	0	5,584	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	2,951	1,764	23,496	0	10,017	34.04
34.05	03404	TRANSPLANT ICU	769	421	5,813	0	3,170	34.05
34.06	03407	PEDS CANCER CARE	4,635	405	4,602	0	1,043	34.06
40.00	04000	SUBPROVIDER - I PF	32,905	728	5,329	0	346	40.00
43.00	04300	NURSERY	0	372	2,422	0	991	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,882	58,618	0	130,786	50.00
50.01	05001	ENDOSCOPY	0	291	3,149	0	6,622	50.01
51.00	05100	RECOVERY ROOM	3	1,586	19,620	0	3,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,540	1,538	16,229	0	5,188	52.00
53.00	05300	ANESTHESIOLOGY	0	356	3,876	0	21,075	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	615	1,211	0	1,580	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,344	13,807	0	22,226	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	923	3,391	0	1,695	55.00
56.00	05600	RADIOISOTOPE	0	178	0	0	457	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	129	1,211	0	0	59.00
60.00	06000	LABORATORY	0	12,802	1,211	0	302,509	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	194	0	0	10,843	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	696	0	0	9,159	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,386	0	0	12,220	65.00
66.00	06600	PHYSICAL THERAPY	0	2,735	0	0	5,314	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
67.00	06700	OCCUPATIONAL THERAPY	0	615	0	0	899	67.00
68.00	06800	SPEECH PATHOLOGY	0	728	969	0	608	68.00
69.00	06900	ELECTROCARDIOLOGY	0	955	969	0	851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	809	0	0	2,002	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	359,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	621,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	1,214	0	0	1,219	73.03
74.00	07400	RENAL DIALYSIS	0	1,521	10,658	0	16,246	74.00
76.00	03020	RH NBN ECMO I C	0	129	1,938	0	1,858	76.00
76.01	03140	CARDIOLOGY	0	146	1,211	0	3,906	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	49	484	0	224	76.02
76.03	03950	CARDIAC CATH	0	728	7,024	0	4,638	76.03
76.04	03951	DAY SURGERY	0	809	8,720	0	5,465	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RI LEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	146	727	0	3	76.08
76.97	07697	CARDIAC REHABILITATION	0	81	727	0	50	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	550	2,422	0	466	90.01
90.02	09002	IUSCC HEM/ONC	0	3,253	12,596	0	14,562	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	97	0	0	37	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	97	484	0	22	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	469	1,938	0	390	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	257	1,181	7,751	0	1,672	90.07
90.08	09008	MOTILITY LAB	0	16	242	0	643	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	48	631	0	0	896	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	5	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	32	242	0	167	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	291	969	0	102	90.17
90.18	09016	DERMATOLOGY CLINIC	0	210	1,453	0	653	90.18
90.19	09017	INFUSION/HEM/ONC	0	129	1,211	0	260	90.19
90.20	09025	IUMG - MH	0	65	484	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	32	484	0	14	90.21
90.22	09020	EATING DISORDERS CLINIC	0	194	242	0	6	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	194	969	0	123	90.23
90.24	09021	LIFE CARE CLINIC	0	291	1,696	0	21	90.24
91.00	09100	EMERGENCY	19,174	4,823	47,476	0	21,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	178	1,696	0	4,009	94.00
95.00	09500	AMBULANCE SERVICES	0	2,039	12,353	0	2,309	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,224	15,502	0	1,675	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	486	0	0	1,176	105.00
106.00	10600	HEART ACQUISITION	0	49	242	0	7	106.00
107.00	10700	LIVER ACQUISITION	0	243	0	0	409	107.00
108.00	10800	LUNG ACQUISITION	0	113	0	0	72	108.00
109.00	10900	PANCREAS ACQUISITION	0	65	0	0	205	109.00
110.00	11000	INTESTINAL ACQUISITION	0	32	0	0	45	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	32	0	0	1,121	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	680	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	906	5,329	0	741	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	764,232	122,888	749,925	146,856	1,790,423	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	146	0	0	4	190.00
191.00	19100	RESEARCH	0	97	0	0	269	191.00
191.01	19101	RESEARCH-GCRC	2,385	0	0	0	525	191.01
191.02	19102	OSA	0	308	727	0	229	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	49	484	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,829	2,907	0	493	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	81	242	0	1	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			DI ETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.04	19204	MHH RADIOLOGY	0	16	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	49	0	0	182	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	1,214	0	0	30	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	16	0	0	39	192.09
192.10	19212	CARDIO PHYSICIANS	0	129	484	0	179	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)	766,617	126,822	754,769	146,856	1,792,374	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
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Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	18.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
9.04 00904 HOUSEKEEPING - SAXONY						9.04
9.05 00905 HOUSEKEEPING - MORGAN						9.05
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 PARAMED ED ADMINISTRATION						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	2,863,432					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	93,914				16.00
17.00 01700 SOCIAL SERVICE	0	0	83,363			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	92,740		18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	168,998	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	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	2	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0	0	23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10 02310 PARAMED PHARMACY TECH	4	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,273	8,275	58,143	8,275		30.00
31.00 03100 INTENSIVE CARE UNIT	2,085	982	5,053	982		31.00
32.00 03200 CORONARY CARE UNIT	4,536	897	4,365	897		32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	3,559	1,791	7,430	1,791		32.01
33.00 03300 BURN INTENSIVE CARE UNIT	155	122	598	122		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.02 03401 UH SURG 61C	540	202	1,002	202		34.02
34.03 03402 UH NS 31C	0	0	0	0		34.03
34.04 03403 RH PEDIC	2,053	542	2,132	542		34.04
34.05 03404 TRANSPLANT ICU	160	118	572	118		34.05
34.06 03407 PEDS CANCER CARE	463	168	786	168		34.06
40.00 04000 SUBPROVIDER - IPF	5	196	1,721	196		40.00
43.00 04300 NURSERY	0	116	1,561	116		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,484	10,480	0	10,480		50.00
50.01 05001 ENDOSCOPY	197	348	0	348		50.01
51.00 05100 RECOVERY ROOM	884	1,547	0	1,547		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	781	0	781		52.00
53.00 05300 ANESTHESIOLOGY	7,027	838	0	838		53.00
53.01 05301 PULMONARY FUNCTION TESTING	3	430	0	430		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,523	7,430	0	7,430		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	146	1,755	0	1,755		55.00
56.00 05600 RADIOISOTOPE	358	411	0	411		56.00
59.00 05900 CARDIAC CATHETERIZATION	30	667	0	667		59.00
60.00 06000 LABORATORY	1,629	9,274	0	9,274		60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	227	0	227		60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0		60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	12	1,549	0	1,549		63.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
				PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	18.00	21.00	
65.00 06500 RESPIRATORY THERAPY	40	1,627	0	1,627		65.00
66.00 06600 PHYSICAL THERAPY	5	926	0	926		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	181	0	181		67.00
68.00 06800 SPEECH PATHOLOGY	72	231	0	231		68.00
69.00 06900 ELECTROCARDIOLOGY	50	1,259	0	1,259		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	626	0	626		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,604	0	2,604		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,937	0	5,937		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,789,087	13,863	0	12,689		73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	1,230	0	1,230		73.03
74.00 07400 RENAL DIALYSIS	1,568	562	0	562		74.00
76.00 03020 RH NBN ECMO IC	251	55	0	55		76.00
76.01 03140 CARDIOLOGY	384	497	0	497		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	51	0	51		76.02
76.03 03950 CARDIAC CATH	448	1,908	0	1,908		76.03
76.04 03951 DAY SURGERY	773	67	0	67		76.04
76.05 03480 ONCOLOGY	0	0	0	0		76.05
76.06 03952 DAY SURGERY-RILEY	0	0	0	0		76.06
76.07 03953 CARDIOLOGY-RILEY	0	0	0	0		76.07
76.08 03954 ECMO-ADULT	0	96	0	96		76.08
76.97 07697 CARDIAC REHABILITATION	0	29	0	29		76.97
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	55	0	55		89.00
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 AMB SVC-OB & GYN	17	131	0	131		90.01
90.02 09002 IUSCC HEM/ONC	7,289	1,113	0	1,113		90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	3	39	0	39		90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	54	0	54		90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0		90.05
90.06 09006 OUTPATIENT SURGERY	6	309	0	309		90.06
90.07 09007 AMB SVC-RILEY CLINICS	976	172	0	172		90.07
90.08 09008 MOTILITY LAB	2	12	0	12		90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0		90.10
90.11 09023 SLEEP LAB	0	228	0	228		90.11
90.12 09024 OP CARE ADULTS	0	0	0	0		90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0		90.13
90.14 09012 ARTHRITIS CLINIC	59	66	0	66		90.14
90.15 09013 NEUROLOGY UH	0	0	0	0		90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0		90.16
90.17 09015 PHYSICAL MEDICINE	25	14	0	14		90.17
90.18 09016 DERMATOLOGY CLINIC	0	50	0	50		90.18
90.19 09017 INFUSION/HEM/ONC	430	116	0	116		90.19
90.20 09025 IUMG - MH	0	0	0	0		90.20
90.21 09019 OP REHAB CLINIC	1	8	0	8		90.21
90.22 09020 EATING DISORDERS CLINIC	0	35	0	35		90.22
90.23 09018 GASTROENTEROLOGY CLINIC	1	7	0	7		90.23
90.24 09021 LIFE CARE CLINIC	0	0	0	0		90.24
91.00 09100 EMERGENCY	3,129	6,312	0	6,312		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	351	203	0	203		94.00
95.00 09500 AMBULANCE SERVICES	200	1,216	0	1,216		95.00
101.00 10100 HOME HEALTH AGENCY	0	1,307	0	1,307		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	1	428	0	428		105.00
106.00 10600 HEART ACQUISITION	0	63	0	63		106.00
107.00 10700 LIVER ACQUISITION	0	489	0	489		107.00
108.00 10800 LUNG ACQUISITION	0	192	0	192		108.00
109.00 10900 PANCREAS ACQUISITION	0	124	0	124		109.00
110.00 11000 INTESTINAL ACQUISITION	0	52	0	52		110.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0		112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0		112.01
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	13,330	224	0	224		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,862,626	93,914	83,363	92,740	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0		191.00
191.01 19101 RESEARCH-GCRC	42	0	0	0		191.01
191.02 19102 OSA	0	0	0	0		191.02

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
						PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	18.00	21.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	745	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	7	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	11	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	1	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						168,998
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,863,432	93,914	83,363	92,740	168,998	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING & STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY					9.01
9.02	00902	HOUSEKEEPING - RILEY					9.02
9.03	00903	HOUSEKEEPING - METHODIST					9.03
9.04	00904	HOUSEKEEPING - SAXONY					9.04
9.05	00905	HOUSEKEEPING - MORGAN					9.05
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01851	PARAMED ADMINISTRATION					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PATIENT TRANSPORTATION					18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	682,431	0	0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		0			23.00
23.01	02301	PARAMED HEALTH SCIENCES			0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				83,494	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY					45,934
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION					23.05
23.06	02306	PARAMED LAB SCIENCE PRO					23.06
23.07	02307	PARAMED PHARMACY					23.07
23.08	02308	PARAMED MEDICAL ASSIST					23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
32.00	03200	CORONARY CARE UNIT					32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT					32.01
33.00	03300	BURN INTENSIVE CARE UNIT					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					34.00
34.02	03401	UH SURG 61C					34.02
34.03	03402	UH NS 31C					34.03
34.04	03403	RH PEDIC					34.04
34.05	03404	TRANSPLANT ICU					34.05
34.06	03407	PEDS CANCER CARE					34.06
40.00	04000	SUBPROVIDER - IPF					40.00
43.00	04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	ENDOSCOPY					50.01
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
53.01	05301	PULMONARY FUNCTION TESTING					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	TRANSPLANT IMMUNOLOGY					60.01
60.02	06002	BONE MARROW TRANSPLANT LAB					60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
		22.00	23.00	23.01	23.02	23.03	
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY					73.03
74.00	07400	RENAL DIALYSIS					74.00
76.00	03020	RH NBN ECMO I C					76.00
76.01	03140	CARDIOLOGY					76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					76.02
76.03	03950	CARDIAC CATH					76.03
76.04	03951	DAY SURGERY					76.04
76.05	03480	ONCOLOGY					76.05
76.06	03952	DAY SURGERY-RILEY					76.06
76.07	03953	CARDIOLOGY-RILEY					76.07
76.08	03954	ECMO-ADULT					76.08
76.97	07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC					90.00
90.01	09001	AMB SVC-OB & GYN					90.01
90.02	09002	IUSCC HEM/ONC					90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY					90.03
90.04	09004	AMB SVC-PSYCH ADULT					90.04
90.05	09005	AMB SVC-DIABETES ADULT					90.05
90.06	09006	OUTPATIENT SURGERY					90.06
90.07	09007	AMB SVC-RILEY CLINICS					90.07
90.08	09008	MOTILITY LAB					90.08
90.09	09009	AMB SVC - PSYCH CHILD					90.09
90.10	09010	CLINICAL GERIATRICS					90.10
90.11	09023	SLEEP LAB					90.11
90.12	09024	OP CARE ADULTS					90.12
90.13	09011	PEDIATRIC CLINIC					90.13
90.14	09012	ARTHRITIS CLINIC					90.14
90.15	09013	NEUROLOGY UH					90.15
90.16	09014	ORTHOPEDECS UH					90.16
90.17	09015	PHYSICAL MEDICINE					90.17
90.18	09016	DERMATOLOGY CLINIC					90.18
90.19	09017	INFUSION/HEM/ONC					90.19
90.20	09025	IUMG - MH					90.20
90.21	09019	OP REHAB CLINIC					90.21
90.22	09020	EATING DISORDERS CLINIC					90.22
90.23	09018	GASTROENTEROLOGY CLINIC					90.23
90.24	09021	LIFE CARE CLINIC					90.24
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS					94.00
95.00	09500	AMBULANCE SERVICES					95.00
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
107.00	10700	LIVER ACQUISITION					107.00
108.00	10800	LUNG ACQUISITION					108.00
109.00	10900	PANCREAS ACQUISITION					109.00
110.00	11000	INTESTINAL ACQUISITION					110.00
112.00	08600	OTHER ORGAN ACQUISITION					112.00
112.01	08601	POST TRANSPLANT EXPENSES					112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
191.00	19100	RESEARCH					191.00
191.01	19101	RESEARCH-GCRC					191.01
191.02	19102	OSA					191.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	23.01	23.02	23.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
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	682,431	0	0	83,494	45,934	200.00
201.00		Negative Cost Centers	0	0	0	0	3,497	201.00
202.00		TOTAL (sum lines 118-201)	682,431	0	0	83,494	49,431	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
9.04	00904	HOUSEKEEPING - SAXONY						9.04
9.05	00905	HOUSEKEEPING - MORGAN						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01851	PARAMED ADMINISTRATION						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY	58,890					23.04
23.05	02312	PARAMED PASTORAL EDUCATION		31,292				23.05
23.06	02306	PARAMED LAB SCIENCE PRO			14,974			23.06
23.07	02307	PARAMED PHARMACY				59,038		23.07
23.08	02308	PARAMED MEDICAL ASSIST					0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.02	03401	UH SURGIC						34.02
34.03	03402	UH NSIC						34.03
34.04	03403	RH PEDIC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - 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	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
			23.04	23.05	23.06	23.07	23.08	
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RH NBN ECMO IC						76.00
76.01	03140	CARDIOLOGY						76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.02
76.03	03950	CARDIAC CATH						76.03
76.04	03951	DAY SURGERY						76.04
76.05	03480	ONCOLOGY						76.05
76.06	03952	DAY SURGERY-RILEY						76.06
76.07	03953	CARDIOLOGY-RILEY						76.07
76.08	03954	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDECS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
90.24	09021	LIFE CARE CLINIC						90.24
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
		23.04	23.05	23.06	23.07	23.08	
192.04	19204						192.04
192.06	19206						192.06
192.07	19207						192.07
192.08	19208						192.08
192.09	19209						192.09
192.10	19212						192.10
192.11	19211						192.11
200.00		58,890	31,292	14,974	59,038	0	200.00
201.00		0	0	0	0	0	201.00
202.00		58,890	31,292	14,974	59,038	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm
Cost Center	Description	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		23.09	23.10	23.11	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00590	PURCHASING, RECEIVING & STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY				9.01
9.02	00902	HOUSEKEEPING - RILEY				9.02
9.03	00903	HOUSEKEEPING - METHODIST				9.03
9.04	00904	HOUSEKEEPING - SAXONY				9.04
9.05	00905	HOUSEKEEPING - MORGAN				9.05
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
13.01	01851	PARAMED ED ADMINISTRATION				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	PATIENT TRANSPORTATION				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED HEALTH SCIENCES				23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				23.03
23.04	02304	PARAMED EMERGENCY				23.04
23.05	02312	PARAMED PASTORAL EDUCATION				23.05
23.06	02306	PARAMED LAB SCIENCE PRO				23.06
23.07	02307	PARAMED PHARMACY				23.07
23.08	02308	PARAMED MEDICAL ASSIST				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	41,837			23.09
23.10	02310	PARAMED PHARMACY TECH		39,249		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			17,644,793	0 30.00
31.00	03100	INTENSIVE CARE UNIT			1,148,472	0 31.00
32.00	03200	CORONARY CARE UNIT			1,133,742	0 32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			3,104,365	0 32.01
33.00	03300	BURN INTENSIVE CARE UNIT			963,674	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0 34.00
34.02	03401	UH SURG 61C			119,619	0 34.02
34.03	03402	UH NS 31C			3	0 34.03
34.04	03403	RH PEDIC			1,034,404	0 34.04
34.05	03404	TRANSPLANT ICU			209,133	0 34.05
34.06	03407	PEDS CANCER CARE			1,257,921	0 34.06
40.00	04000	SUBPROVIDER - IPF			396,785	0 40.00
43.00	04300	NURSERY			354,459	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			19,470,235	0 50.00
50.01	05001	ENDOSCOPY			701,378	0 50.01
51.00	05100	RECOVERY ROOM			1,342,656	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			839,334	0 52.00
53.00	05300	ANESTHESIOLOGY			872,698	0 53.00
53.01	05301	PULMONARY FUNCTION TESTING			527,527	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC			14,277,789	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			2,116,362	0 55.00
56.00	05600	RADIOISOTOPE			938,749	0 56.00
59.00	05900	CARDIAC CATHETERIZATION			1,115,354	0 59.00
60.00	06000	LABORATORY			10,852,627	0 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY			108,702	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB			1,772	0 60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			238,104	0 63.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm			
Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
65.00	06500	RESPIRATORY THERAPY				1,630,963	0	65.00
66.00	06600	PHYSICAL THERAPY				962,163	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				210,694	0	67.00
68.00	06800	SPEECH PATHOLOGY				618,348	0	68.00
69.00	06900	ELECTROCARDIOLOGY				865,700	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				753,881	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				693,541	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				916,298	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				3,300,741	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY				461,274	0	73.03
74.00	07400	RENAL DIALYSIS				1,031,331	0	74.00
76.00	03020	RH NBN ECMO IC				23,987	0	76.00
76.01	03140	CARDIOLOGY				670,268	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				77,452	0	76.02
76.03	03950	CARDIAC CATH				1,088,899	0	76.03
76.04	03951	DAY SURGERY				376,945	0	76.04
76.05	03480	ONCOLOGY				0	0	76.05
76.06	03952	DAY SURGERY-RILEY				0	0	76.06
76.07	03953	CARDIOLOGY-RILEY				0	0	76.07
76.08	03954	ECMO-ADULT				4,220	0	76.08
76.97	07697	CARDIAC REHABILITATION				260,629	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				16,028	0	89.00
90.00	09000	CLINIC				0	0	90.00
90.01	09001	AMB SVC-OB & GYN				464,506	0	90.01
90.02	09002	IUSCC HEM/ONC				3,963,907	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY				282,213	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT				399,216	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT				0	0	90.05
90.06	09006	OUTPATIENT SURGERY				323,187	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS				703,822	0	90.07
90.08	09008	MOTILITY LAB				64,671	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD				0	0	90.09
90.10	09010	CLINICAL GERIATRICS				63,633	0	90.10
90.11	09023	SLEEP LAB				341,672	0	90.11
90.12	09024	OP CARE ADULTS				135,912	0	90.12
90.13	09011	PEDIATRIC CLINIC				0	0	90.13
90.14	09012	ARTHRTIS CLINIC				7,462	0	90.14
90.15	09013	NEUROLOGY UH				0	0	90.15
90.16	09014	ORTHOPEDICS UH				0	0	90.16
90.17	09015	PHYSICAL MEDICINE				193,758	0	90.17
90.18	09016	DERMATOLOGY CLINIC				153,920	0	90.18
90.19	09017	INFUSION/HEM/ONC				11,905	0	90.19
90.20	09025	IUMG - MH				1,886	0	90.20
90.21	09019	OP REHAB CLINIC				33,114	0	90.21
90.22	09020	EATING DISORDERS CLINIC				32,118	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC				163,125	0	90.23
90.24	09021	LIFE CARE CLINIC				68,635	0	90.24
91.00	09100	EMERGENCY				2,501,606	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				251,069	0	94.00
95.00	09500	AMBULANCE SERVICES				3,016,153	0	95.00
101.00	10100	HOME HEALTH AGENCY				573,463	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				269,120	0	105.00
106.00	10600	HEART ACQUISITION				26,631	0	106.00
107.00	10700	LIVER ACQUISITION				173,688	0	107.00
108.00	10800	LUNG ACQUISITION				67,986	0	108.00
109.00	10900	PANCREAS ACQUISITION				56,363	0	109.00
110.00	11000	INTESTINAL ACQUISITION				13,783	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION				231,654	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES				162,102	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				152,158	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	109,638,457	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				238,409	0	190.00
191.00	19100	RESEARCH				366,743	0	191.00
191.01	19101	RESEARCH-GCRC				100,366	0	191.01
191.02	19102	OSA				38,766	0	191.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			23.09	23.10	23.11	24.00	25.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				672,818	0
192.01	19201	OTHER NONREIMBURSABLE-METHODIST				3,034,567	0
192.02	19202	OTHER NONREIMBURSABLE - IUMC				206,330	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES				10,410,480	0
192.04	19204	MHH RADIOLOGY				446	0
192.06	19206	BELTWAY SURGERY				245	0
192.07	19207	RHI				76,597	0
192.08	19208	NON-ALLOWABLE ADVERTISING				1,098,513	0
192.09	19209	ARTHRITIS CLINIC - NR				313	0
192.10	19212	CARDIO PHYSICIANS				25,185	0
192.11	19211	UNUSED SPACE				2,614,660	0
200.00		Cross Foot Adjustments	41,837	39,249	0	1,226,137	0
201.00		Negative Cost Centers	0	0	0	3,497	0
202.00		TOTAL (sum lines 118-201)	41,837	39,249	0	129,752,529	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00590 PURCHASING, RECEIVING & STORES		5.03
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING - UNIVERSITY		9.01
9.02	00902 HOUSEKEEPING - RILEY		9.02
9.03	00903 HOUSEKEEPING - METHODIST		9.03
9.04	00904 HOUSEKEEPING - SAXONY		9.04
9.05	00905 HOUSEKEEPING - MORGAN		9.05
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
13.01	01851 PARAMED ED ADMINISTRATION		13.01
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01850 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 PARAMED ED HEALTH SCIENCES		23.01
23.02	02302 PARAMED RADIOLOGY-METHODIST		23.02
23.03	02303 PARAMED RESPIRATORY THERAPY		23.03
23.04	02304 PARAMED EMERGENCY		23.04
23.05	02312 PARAMED PASTORAL EDUCATION		23.05
23.06	02306 PARAMED LAB SCIENCE PRO		23.06
23.07	02307 PARAMED PHARMACY		23.07
23.08	02308 PARAMED MEDICAL ASSIST		23.08
23.09	02309 PARAMED SURGERY TECHNOLOGY		23.09
23.10	02310 PARAMED PHARMACY TECH		23.10
23.11	02311 PARAMED NEUROPHYSIOLOGY		23.11
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	17,644,793	30.00
31.00	03100 INTENSIVE CARE UNIT	1,148,472	31.00
32.00	03200 CORONARY CARE UNIT	1,133,742	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	3,104,365	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	963,674	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401 UH SURG 61C	119,619	34.02
34.03	03402 UH NS 31C	3	34.03
34.04	03403 RH PEDIC	1,034,404	34.04
34.05	03404 TRANSPLANT ICU	209,133	34.05
34.06	03407 PEDS CANCER CARE	1,257,921	34.06
40.00	04000 SUBPROVIDER - IPF	396,785	40.00
43.00	04300 NURSERY	354,459	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	19,470,235	50.00
50.01	05001 ENDOSCOPY	701,378	50.01
51.00	05100 RECOVERY ROOM	1,342,656	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	839,334	52.00
53.00	05300 ANESTHESIOLOGY	872,698	53.00
53.01	05301 PULMONARY FUNCTION TESTING	527,527	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,277,789	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,116,362	55.00
56.00	05600 RADIOISOTOPE	938,749	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,115,354	59.00
60.00	06000 LABORATORY	10,852,627	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	108,702	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	1,772	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	238,104	63.00
65.00	06500 RESPIRATORY THERAPY	1,630,963	65.00
66.00	06600 PHYSICAL THERAPY	962,163	66.00
67.00	06700 OCCUPATIONAL THERAPY	210,694	67.00
68.00	06800 SPEECH PATHOLOGY	618,348	68.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm
Cost Center Description			Total		
			26.00		
69.00	06900	ELECTROCARDIOLOGY	865,700		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	753,881		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	693,541		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	916,298		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,300,741		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	461,274		73.03
74.00	07400	RENAL DIALYSIS	1,031,331		74.00
76.00	03020	RH NBN ECMO I C	23,987		76.00
76.01	03140	CARDIOLOGY	670,268		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,452		76.02
76.03	03950	CARDIAC CATH	1,088,899		76.03
76.04	03951	DAY SURGERY	376,945		76.04
76.05	03480	ONCOLOGY	0		76.05
76.06	03952	DAY SURGERY-RILEY	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0		76.07
76.08	03954	ECMO-ADULT	4,220		76.08
76.97	07697	CARDIAC REHABILITATION	260,629		76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	16,028		89.00
90.00	09000	CLINIC	0		90.00
90.01	09001	AMB SVC-OB & GYN	464,506		90.01
90.02	09002	IUSCC HEM/ONC	3,963,907		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	282,213		90.03
90.04	09004	AMB SVC-PSYCH ADULT	399,216		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		90.05
90.06	09006	OUTPATIENT SURGERY	323,187		90.06
90.07	09007	AMB SVC-RILEY CLINICS	703,822		90.07
90.08	09008	MOTILITY LAB	64,671		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		90.09
90.10	09010	CLINICAL GERIATRICS	63,633		90.10
90.11	09023	SLEEP LAB	341,672		90.11
90.12	09024	OP CARE ADULTS	135,912		90.12
90.13	09011	PEDIATRIC CLINIC	0		90.13
90.14	09012	ARTHRTIS CLINIC	7,462		90.14
90.15	09013	NEUROLOGY UH	0		90.15
90.16	09014	ORTHOPEDI CS UH	0		90.16
90.17	09015	PHYSICAL MEDICINE	193,758		90.17
90.18	09016	DERMATOLOGY CLINIC	153,920		90.18
90.19	09017	INFUSION/HEM/ONC	11,905		90.19
90.20	09025	IUMG - MH	1,886		90.20
90.21	09019	OP REHAB CLINIC	33,114		90.21
90.22	09020	EATING DISORDERS CLINIC	32,118		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	163,125		90.23
90.24	09021	LIFE CARE CLINIC	68,635		90.24
91.00	09100	EMERGENCY	2,501,606		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	251,069		94.00
95.00	09500	AMBULANCE SERVICES	3,016,153		95.00
101.00	10100	HOME HEALTH AGENCY	573,463		101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	269,120		105.00
106.00	10600	HEART ACQUISITION	26,631		106.00
107.00	10700	LIVER ACQUISITION	173,688		107.00
108.00	10800	LUNG ACQUISITION	67,986		108.00
109.00	10900	PANCREAS ACQUISITION	56,363		109.00
110.00	11000	INTESTINAL ACQUISITION	13,783		110.00
112.00	08600	OTHER ORGAN ACQUISITION	231,654		112.00
112.01	08601	POST TRANSPLANT EXPENSES	162,102		112.01
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	152,158		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,638,457		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	238,409		190.00
191.00	19100	RESEARCH	366,743		191.00
191.01	19101	RESEARCH-GCRC	100,366		191.01
191.02	19102	OSA	38,766		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	672,818		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	3,034,567		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMG	206,330		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	10,410,480		192.03
192.04	19204	MHH RADIOLOGY	446		192.04
192.06	19206	BELTWAY SURGERY	245		192.06
192.07	19207	RHI	76,597		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	1,098,513		192.08

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/30/2017 3:09 pm
Cost Center Description			Total		
			26.00		
192.09	19209	ARTHRITIS CLINIC - NR	313		192.09
192.10	19212	CARDIO PHYSICIANS	25,185		192.10
192.11	19211	UNUSED SPACE	2,614,660		192.11
200.00		Cross Foot Adjustments	1,226,137		200.00
201.00		Negative Cost Centers	3,497		201.00
202.00		TOTAL (sum lines 118-201)	129,752,529		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,634,654				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		53,115,016			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,883	2,097	588,252,743		4.00
5.01 00540	NONPATIENT TELEPHONES	0	1,254	0	8,222	5.01
5.02 00550	DATA PROCESSING	2,084	70,229	14,131	0	5.02
5.03 00590	PURCHASING, RECEIVING & STORES	2,260	93,215	27,368	0	5.03
5.04 00570	ADMINISTRATIVE	1,421	4,858	0	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	166,114	1,858,093	17,202,499	202	5.06
6.00 00600	MAINTENANCE & REPAIRS	25,935	22,657	432,586	6	6.00
7.00 00700	OPERATION OF PLANT	22,204	17,214	373,174	11	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	31,310	1,027	2,998	0	8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	9.01
9.02 00902	HOUSEKEEPING - RILEY	0	0	0	0	9.02
9.03 00903	HOUSEKEEPING - METHODIST	1,845	0	0	0	9.03
9.04 00904	HOUSEKEEPING - SAXONY	0	16,375	325,835	11	9.04
9.05 00905	HOUSEKEEPING - MORGAN	0	0	317,633	13	9.05
10.00 01000	DIETARY	43,986	115,139	5,632,583	139	10.00
11.00 01100	CAFETERIA	7,737	6,324	135,571	4	11.00
13.00 01300	NURSING ADMINISTRATION	31,119	207,171	15,632,023	154	13.00
13.01 01851	PARAMED ADMINISTRATION	10,110	9,618	135,487	2	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	52,744	617,463	2,980,911	71	14.00
15.00 01500	PHARMACY	64,876	1,414,065	25,702,416	295	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,355	0	242,554	3	16.00
17.00 01700	SOCIAL SERVICE	4,872	0	3,639,638	66	17.00
18.00 01850	PATIENT TRANSPORTATION	910	54,934	1,673,577	48	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,582	0	32,459,750	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	47,396	3,788	237,605	2	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED HEALTH SCIENCES	0	0	0	0	23.01
23.02 02302	PARAMED RADIOLOGY-METHODIST	3,869	0	792,230	11	23.02
23.03 02303	PARAMED RESPIRATORY THERAPY	3,715	0	289,291	4	23.03
23.04 02304	PARAMED EMERGENCY	3,611	3,778	132,248	2	23.04
23.05 02312	PARAMED PASTORAL EDUCATION	0	0	632,467	14	23.05
23.06 02306	PARAMED LAB SCIENCE PRO	0	0	385,531	6	23.06
23.07 02307	PARAMED PHARMACY	0	2,283	1,139,711	19	23.07
23.08 02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08
23.09 02309	PARAMED SURGERY TECHNOLOGY	2,289	0	272,730	4	23.09
23.10 02310	PARAMED PHARMACY TECH	2,238	0	224,319	4	23.10
23.11 02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	822,989	3,760,210	105,596,729	1,666	30.00
31.00 03100	INTENSIVE CARE UNIT	56,485	178,220	13,544,130	186	31.00
32.00 03200	CORONARY CARE UNIT	51,464	212,428	13,401,237	188	32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	8,262	2,152,380	16,021,562	220	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	15,302	562,710	1,683,247	22	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02 03401	UH SURG 61C	0	62,386	2,843,343	41	34.02
34.03 03402	UH NS 31C	0	0	0	0	34.03
34.04 03403	RH PED IC	49,762	222,781	7,695,451	109	34.04
34.05 03404	TRANSPLANT ICU	13,559	5,373	1,769,010	26	34.05
34.06 03407	PEDS CANCER CARE	42,542	512,744	1,654,041	25	34.06
40.00 04000	SUBPROVIDER - IPF	25,044	6,392	2,958,167	45	40.00
43.00 04300	NURSERY	25,141	5,820	1,547,819	23	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	269,763	11,749,908	32,536,666	487	50.00
50.01 05001	ENDOSCOPY	6,733	449,768	1,339,630	18	50.01
51.00 05100	RECOVERY ROOM	64,482	324,174	6,608,803	98	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	26,558	317,302	6,068,993	95	52.00
53.00 05300	ANESTHESIOLOGY	10,184	527,725	1,406,924	22	53.00
53.01 05301	PULMONARY FUNCTION TESTING	20,991	177,478	2,715,792	38	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	256,049	8,101,208	27,689,464	392	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	44,453	1,133,870	4,533,697	57	55.00
56.00 05600	RADIOISOTOPE	19,493	512,169	931,704	11	56.00
59.00 05900	CARDIAC CATHETERIZATION	11,315	727,584	855,932	8	59.00
60.00 06000	LABORATORY	195,913	5,887,209	43,352,371	791	60.00
60.01 06001	TRANSPLANT IMMUNOLOGY	4,470	22,339	852,007	12	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
1.00	2.00	4.00	5.01	5.02				
60.02	06002	BONE MARROW TRANSPLANT LAB	0	1,346	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,981	48,008	2,976,075	43	43	63.00
65.00	06500	RESPIRATORY THERAPY	24,172	921,915	17,678,369	271	271	65.00
66.00	06600	PHYSICAL THERAPY	50,528	173,571	11,873,009	169	169	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,742	2,897	2,482,822	38	38	67.00
68.00	06800	SPEECH PATHOLOGY	26,964	187,460	3,054,998	45	45	68.00
69.00	06900	ELECTROCARDIOLOGY	10,672	534,454	3,363,333	59	59	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,836	337,722	3,621,081	50	50	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,337	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	5,706	132,554	5,927,207	75	75	73.03
74.00	07400	RENAL DIALYSIS	33,679	399,798	5,610,613	94	94	74.00
76.00	03020	RH NBN ECMO IC	0	11,691	1,045,807	8	8	76.00
76.01	03140	CARDIOLOGY	10,704	390,801	632,408	9	9	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,852	24,235	2,013,312	3	3	76.02
76.03	03950	CARDIAC CATH	35,241	443,633	3,542,227	45	45	76.03
76.04	03951	DAY SURGERY	23,319	26,044	3,103,936	50	50	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	736,667	9	9	76.08
76.97	07697	CARDIAC REHABILITATION	8,422	110,863	335,500	5	5	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	3,492,769	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,375	139,537	1,734,239	34	34	90.01
90.02	09002	IUSCC HEM/ONC	131,529	1,590,912	20,596,849	201	201	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	336	209,823	263,545	6	6	90.03
90.04	09004	AMB SVC-PSYCH ADULT	28,698	13,504	421,920	6	6	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	11,717	119,193	1,779,376	29	29	90.06
90.07	09007	AMB SVC-RILEY CLINICS	38,172	132,777	4,785,687	73	73	90.07
90.08	09008	MOTILITY LAB	425	43,776	148,136	1	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,653	1,655	2,624	0	0	90.10
90.11	09023	SLEEP LAB	16,805	81,177	2,685,355	39	39	90.11
90.12	09024	OP CARE ADULTS	10,115	1,313	317	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	4,506	113,367	2	2	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	14,005	3,069	733,811	18	18	90.17
90.18	09016	DERMATOLOGY CLINIC	8,434	28,016	594,625	13	13	90.18
90.19	09017	INFUSION/HEM/ONC	0	5,033	432,361	8	8	90.19
90.20	09025	IUMG - MH	0	309	223,626	4	4	90.20
90.21	09019	OP REHAB CLINIC	2,094	3,347	114,362	2	2	90.21
90.22	09020	EATING DISORDERS CLINIC	0	20,812	846,608	12	12	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	12,045	0	578,609	12	12	90.23
90.24	09021	LIFE CARE CLINIC	4,578	1,466	1,030,621	18	18	90.24
91.00	09100	EMERGENCY	119,880	521,412	18,960,738	298	298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	12,213	60,116	769,970	11	11	94.00
95.00	09500	AMBULANCE SERVICES	0	2,225,245	8,364,258	126	126	95.00
101.00	10100	HOME HEALTH AGENCY	23,648	88,335	17,157,217	261	261	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,511	113,764	2,232,899	30	30	105.00
106.00	10600	HEART ACQUISITION	725	9,525	235,282	3	3	106.00
107.00	10700	LIVER ACQUISITION	4,993	60,736	1,008,626	15	15	107.00
108.00	10800	LUNG ACQUISITION	1,576	25,677	514,310	7	7	108.00
109.00	10900	PANCREAS ACQUISITION	994	27,111	280,280	4	4	109.00
110.00	11000	INTESTINAL ACQUISITION	357	4,410	155,984	2	2	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	174,569	154,369	2	2	112.00
112.01	08601	POST TRANSPLANT EXPENSES	11,208	0	3,218,075	42	42	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,715	18,000	3,376,762	56	56	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,372,375	51,609,877	573,648,526	7,979	7,979	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,952	788	0	9	190.00
191.00	19100	RESEARCH	26,820	4,180	386,392	6	6 191.00
191.01	19101	RESEARCH-GCRC	7,236	0	2,568	0	0 191.01
191.02	19102	OSA	1,533	2,325	1,217,035	19	19 191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,824	2,689	351,051	3	3 192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	151,464	743,576	5,289,602	113	113 192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	5,248	62,555	1,306,868	5	5 192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	788,582	0	0	0	0 192.03
192.04	19204	MHH RADIOLOGY	0	0	106,292	1	1 192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0 192.06
192.07	19207	RHI	0	57,457	161,338	3	3 192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	15,530	615,908	5,315,612	75	75 192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	47,803	1	1 192.09
192.10	19212	CARDIO PHYSICIANS	0	15,661	419,656	8	8 192.10
192.11	19211	UNUSED SPACE	198,090	0	0	0	0 192.11
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	60,034,141	69,718,388	104,037,805	41,113	56,952,591 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.953317	1.312593	0.176859	5.000365	6,926.853685 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			91,911	1,646	119,179 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000156	0.200195	14.495135 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet B-1

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description			PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING & STORES	204,611,226					5.03
5.04	00570	ADMITTING	85	4,074,389,310				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	7,241,626,040			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	92,250	0	0	-155,294,908	1,687,829,202	5.06
6.00	00600	MAINTENANCE & REPAIRS	24,577	0	0	0	22,778,106	6.00
7.00	00700	OPERATION OF PLANT	1,779	0	0	0	47,216,293	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	94,046	0	0	0	417,817	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	1,859,941	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	2,554,464	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	1,780,768	9.03
9.04	00904	HOUSEKEEPING - SAXONY	2,216	0	0	0	606,876	9.04
9.05	00905	HOUSEKEEPING - MORGAN	6,507	0	0	0	542,667	9.05
10.00	01000	DIETARY	5,088	0	0	0	12,214,612	10.00
11.00	01100	CAFETERIA	0	0	0	0	5,923,595	11.00
13.00	01300	NURSING ADMINISTRATION	12,796	0	0	0	24,214,134	13.00
13.01	01851	PARAMED ED ADMINISTRATION	64	0	0	0	368,601	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,684,535	0	0	0	103,607,492	14.00
15.00	01500	PHARMACY	1,914,760	0	0	0	44,538,815	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	13,391,083	16.00
17.00	01700	SOCIAL SERVICE	62	0	0	0	6,018,068	17.00
18.00	01850	PATIENT TRANSPORTATION	4,073	0	0	0	2,526,162	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	42,855,558	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	19,549,844	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	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	1,002,312	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2,976	0	0	0	112,212	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	231,006	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	917,469	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	8,282	0	0	0	447,106	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	1,612,035	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	369,333	23.09
23.10	02310	PARAMED PHARMACY TECH	1,156	0	0	0	315,634	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,588,373	594,441,518	636,532,743	0	170,819,859	30.00
31.00	03100	INTENSIVE CARE UNIT	1,778,107	75,505,219	75,505,219	0	20,802,741	31.00
32.00	03200	CORONARY CARE UNIT	2,214,966	68,973,442	68,973,442	0	20,897,796	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,798,154	137,762,767	137,762,767	0	26,564,622	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	170,931	9,406,574	9,406,574	0	3,335,961	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02	03401	UH SURG 61C	631,447	15,562,672	15,562,672	0	4,240,429	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	1,132,773	41,716,566	41,716,566	0	12,068,695	34.04
34.05	03404	TRANSPLANT ICU	358,435	9,054,073	9,054,073	0	3,041,391	34.05
34.06	03407	PEDS CANCER CARE	117,949	12,925,308	12,925,308	0	3,655,549	34.06
40.00	04000	SUBPROVIDER - IPF	39,072	15,102,274	15,102,274	0	4,512,955	40.00
43.00	04300	NURSERY	112,120	8,918,544	8,918,544	0	3,573,744	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,789,725	539,812,003	806,154,245	0	77,533,753	50.00
50.01	05001	ENDOSCOPY	748,816	17,552,862	26,746,375	0	2,852,911	50.01
51.00	05100	RECOVERY ROOM	446,933	53,651,205	119,003,509	0	11,734,499	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	586,662	53,167,276	60,072,546	0	12,543,527	52.00
53.00	05300	ANESTHESIOLOGY	2,383,282	45,217,970	64,467,117	0	3,458,348	53.00
53.01	05301	PULMONARY FUNCTION TESTING	178,664	4,574,248	33,097,492	0	4,515,627	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,513,390	241,659,975	571,552,216	0	63,317,247	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	191,645	6,912,278	135,033,643	0	10,603,625	55.00
56.00	05600	RADIOISOTOPE	51,643	6,532,371	31,648,618	0	2,585,407	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,494,976	51,283,843	0	2,693,135	59.00
60.00	06000	LABORATORY	34,208,880	366,197,818	713,391,678	0	60,405,093	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,226,163	2,545,421	17,497,003	0	2,860,204	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	1,767	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,035,767	104,411,483	119,191,782	0	15,230,244	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
65.00 06500 RESPIRATORY THERAPY	1,381,844	122,350,315	125,145,639	0	27,228,640	65.00
66.00 06600 PHYSICAL THERAPY	600,885	50,251,236	71,235,503	0	18,466,380	66.00
67.00 06700 OCCUPATIONAL THERAPY	101,616	10,788,333	13,909,524	0	3,638,253	67.00
68.00 06800 SPEECH PATHOLOGY	68,724	7,301,320	17,760,749	0	4,890,372	68.00
69.00 06900 ELECTROCARDIOLOGY	96,232	55,459,538	96,870,404	0	5,382,199	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	226,369	31,464,361	48,165,076	0	6,348,461	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	40,651,631	118,103,475	200,277,703	0	44,956,444	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	70,283,977	345,481,629	456,709,024	0	83,997,436	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	548,393,713	1,083,566,950	0	176,792,476	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	137,904	0	94,610,955	0	75,345,052	73.03
74.00 07400 RENAL DIALYSIS	1,837,120	16,086,064	43,198,712	0	9,699,057	74.00
76.00 03020 RH NBN ECMO IC	210,151	4,263,398	4,263,398	0	1,429,359	76.00
76.01 03140 CARDIOLOGY	441,713	10,801,957	38,254,566	0	3,384,892	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	25,323	947,122	3,912,411	0	2,511,909	76.02
76.03 03950 CARDIAC CATH	524,439	52,511,629	146,730,791	0	7,040,402	76.03
76.04 03951 DAY SURGERY	618,047	993,576	5,160,760	0	4,709,126	76.04
76.05 03480 ONCOLOGY	0	0	0	0	0	76.05
76.06 03952 DAY SURGERY-RI LEY	0	0	0	0	0	76.06
76.07 03953 CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08 03954 ECMO-ADULT	284	7,356,528	7,356,528	0	1,050,579	76.08
76.97 07697 CARDIAC REHABILITATION	5,646	486	2,192,631	0	1,006,455	76.97
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	4,263,171	0	5,645,451	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 AMB SVC-OB & GYN	52,643	112,945	10,094,442	0	2,915,857	90.01
90.02 09002 IUSCC HEM/ONC	1,646,713	896,986	85,626,517	0	35,037,008	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	4,160	6,930	3,015,898	0	746,602	90.03
90.04 09004 AMB SVC-PSYCH ADULT	2,491	0	4,132,642	0	987,639	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	44,131	9,436,306	23,778,757	0	2,909,464	90.06
90.07 09007 AMB SVC-RILEY CLINICS	189,065	546,347	13,231,417	0	4,335,720	90.07
90.08 09008 MOTILITY LAB	72,738	18,742	910,680	0	220,695	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	0	0	0	67,253	90.10
90.11 09023 SLEEP LAB	101,309	10,044	17,526,590	0	3,833,841	90.11
90.12 09024 OP CARE ADULTS	558	457	14,046	0	357,200	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14 09012 ARTHRITIS CLINIC	18,905	2,220	5,062,533	0	313,664	90.14
90.15 09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17 09015 PHYSICAL MEDICINE	11,517	6,037	1,092,828	0	1,299,220	90.17
90.18 09016 DERMATOLOGY CLINIC	73,851	3,265	3,813,634	0	1,101,673	90.18
90.19 09017 INFUSION/HEM/ONC	29,438	16,409	8,959,886	0	1,039,434	90.19
90.20 09025 IUMG - MH	0	0	245	0	307,200	90.20
90.21 09019 OP REHAB CLINIC	1,574	1,926	584,765	0	211,967	90.21
90.22 09020 EATING DISORDERS CLINIC	732	0	2,693,794	0	1,461,121	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	13,953	7,527	526,414	0	1,037,655	90.23
90.24 09021 LIFE CARE CLINIC	2,409	0	0	0	1,463,279	90.24
91.00 09100 EMERGENCY	2,422,532	130,242,623	485,561,348	0	31,491,827	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	453,340	3,284	15,635,782	0	1,557,694	94.00
95.00 09500 AMBULANCE SERVICES	261,081	556,432	93,546,194	0	26,668,401	95.00
101.00 10100 HOME HEALTH AGENCY	189,443	0	100,523,651	0	42,548,678	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	133,002	32,942,002	32,942,002	0	11,195,856	105.00
106.00 10600 HEART ACQUISITION	769	4,880,836	4,880,836	0	1,488,139	106.00
107.00 10700 LIVER ACQUISITION	46,245	37,632,937	37,632,937	0	9,544,075	107.00
108.00 10800 LUNG ACQUISITION	8,191	14,799,882	14,800,080	0	4,662,053	108.00
109.00 10900 PANCREAS ACQUISITION	23,177	9,574,572	9,574,572	0	2,571,435	109.00
110.00 11000 INTESTINAL ACQUISITION	5,097	4,037,078	4,037,078	0	1,114,384	110.00
112.00 08600 OTHER ORGAN ACQUISITION	126,716	0	0	0	446,671	112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0	4,700,121	112.01
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	83,825	0	17,241,728	0	6,587,724	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	204,390,659	4,074,389,310	7,241,626,040	-155,294,908	1,589,567,625	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	432	0	0	0	319,121	190.00
191.00 19100 RESEARCH	30,405	0	0	0	2,760,633	191.00
191.01 19101 RESEARCH-GCRC	59,319	0	0	0	121,394	191.01
191.02 19102 OSA	25,865	0	0	0	5,066,247	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,712,978	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	55,767	0	0	0	20,171,420	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	97	0	0	0	20,016,947	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	10,214,762	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	146,522	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	89,994	192.06
192.07	19207	RHI	20,543	0	0	0	314,701	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	3,443	0	0	0	30,339,255	192.08
192.09	19209	ARTHRITIS CLINIC - NR	4,453	0	0	0	86,026	192.09
192.10	19212	CARDIO PHYSICIANS	20,243	0	0	0	1,335,654	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	2,565,923	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,682,544	12,261,234	38,262,582		155,294,908	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.066871	0.003009	0.005284		0.092009	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	151,631	24,784	0		4,596,367	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000741	0.000006	0.000000		0.002723	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600	4,429,957					6.00
7.00	00700	22,204	4,407,753				7.00
8.00	00800	31,310	31,310	5,986,563			8.00
9.00	00900	0	0	0	0		9.00
9.01	00901	0	0	0	0	1,019,747	9.01
9.02	00902	0	0	0	0	0	9.02
9.03	00903	1,845	1,845	0	0	0	9.03
9.04	00904	0	0	41	0	0	9.04
9.05	00905	0	0	0	0	0	9.05
10.00	01000	43,986	43,986	0	0	12,748	10.00
11.00	01100	7,737	7,737	0	0	0	11.00
13.00	01300	31,119	31,119	7	0	5,225	13.00
13.01	01851	10,110	10,110	0	0	0	13.01
14.00	01400	52,744	52,744	16,402	0	14,165	14.00
15.00	01500	64,876	64,876	347	0	21,132	15.00
16.00	01600	4,355	4,355	0	0	951	16.00
17.00	01700	4,872	4,872	0	0	110	17.00
18.00	01850	910	910	0	0	835	18.00
21.00	02100	3,582	3,582	1,607	0	340	21.00
22.00	02200	47,396	47,396	0	0	4,090	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	3,869	3,869	0	0	0	23.02
23.03	02303	3,715	3,715	0	0	0	23.03
23.04	02304	3,611	3,611	0	0	0	23.04
23.05	02312	0	0	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	0	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	2,289	2,289	0	0	0	23.09
23.10	02310	2,238	2,238	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	822,989	822,989	3,164,381	0	221,456	30.00
31.00	03100	56,485	56,485	279,562	0	0	31.00
32.00	03200	51,464	51,464	239,053	0	17,101	32.00
32.01	03201	8,262	8,262	83,705	0	0	32.01
33.00	03300	15,302	15,302	28,543	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	0	0	79,294	0	0	34.02
34.03	03402	0	0	0	0	650	34.03
34.04	03403	49,762	49,762	101,767	0	0	34.04
34.05	03404	13,559	13,559	47,844	0	13,559	34.05
34.06	03407	42,542	42,542	31,536	0	0	34.06
40.00	04000	25,044	25,044	53,313	0	0	40.00
43.00	04300	25,141	25,141	0	0	12,643	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	269,763	269,763	506,179	0	89,367	50.00
50.01	05001	6,733	6,733	35,956	0	0	50.01
51.00	05100	64,482	64,482	33,991	0	8,526	51.00
52.00	05200	26,558	26,558	0	0	5,133	52.00
53.00	05300	10,184	10,184	8	0	183	53.00
53.01	05301	20,991	20,991	9,244	0	4,216	53.01
54.00	05400	256,049	256,049	342,070	0	74,261	54.00
55.00	05500	44,453	44,453	39,795	0	27,128	55.00
56.00	05600	19,493	19,493	8,666	0	7,632	56.00
59.00	05900	11,315	11,315	1,087	0	0	59.00
60.00	06000	195,913	195,913	8,676	0	19,665	60.00
60.01	06001	4,470	4,470	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	8,981	8,981	247	0	1,218	63.00
65.00	06500	24,172	24,172	1,325	0	3,803	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
			6.00	7.00	8.00	9.00	9.01	
66.00	06600	PHYSICAL THERAPY	50,528	50,528	50,179	0	3,557	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,742	14,742	0	0	3,338	67.00
68.00	06800	SPEECH PATHOLOGY	26,964	26,964	956	0	5,278	68.00
69.00	06900	ELECTROCARDIOLOGY	10,672	10,672	26,958	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,836	21,836	1,234	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,337	13,337	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	5,706	5,706	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	33,679	33,679	30,913	0	20,774	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	10,704	10,704	0	0	1,337	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,852	2,852	0	0	0	76.02
76.03	03950	CARDIAC CATH	35,241	35,241	69,329	0	257	76.03
76.04	03951	DAY SURGERY	23,319	23,319	80,639	0	22,379	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	8,422	8,422	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,375	20,375	12,296	0	20,375	90.01
90.02	09002	IUSCC HEM/ONC	131,529	131,529	35,009	0	112,325	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	336	336	16	0	336	90.03
90.04	09004	AMB SVC-PSYCH ADULT	28,698	28,698	0	0	441	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	11,717	11,717	6,662	0	11,717	90.06
90.07	09007	AMB SVC-RILEY CLINICS	38,172	38,172	19,991	0	0	90.07
90.08	09008	MOTILITY LAB	425	425	3	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,653	4,653	0	0	0	90.10
90.11	09023	SLEEP LAB	16,805	16,805	0	0	0	90.11
90.12	09024	OP CARE ADULTS	10,115	10,115	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	14,005	14,005	2,217	0	14,005	90.17
90.18	09016	DERMATOLOGY CLINIC	8,434	8,434	6,385	0	8,434	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,094	2,094	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	12,045	12,045	3,907	0	12,045	90.23
90.24	09021	LIFE CARE CLINIC	4,578	4,578	0	0	0	90.24
91.00	09100	EMERGENCY	119,880	119,880	487,124	0	6,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	12,213	12,213	0	0	12,213	94.00
95.00	09500	AMBULANCE SERVICES	0	0	123	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	23,648	23,648	0	0	259	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,511	6,511	0	0	5,258	105.00
106.00	10600	HEART ACQUISITION	725	725	0	0	440	106.00
107.00	10700	LIVER ACQUISITION	4,993	4,993	0	0	1,923	107.00
108.00	10800	LUNG ACQUISITION	1,576	1,576	0	0	868	108.00
109.00	10900	PANCREAS ACQUISITION	994	994	0	0	219	109.00
110.00	11000	INTESTINAL ACQUISITION	357	357	0	0	203	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	11,208	11,208	0	0	4,926	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	6,715	6,715	0	0	549	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,167,678	3,145,474	5,948,587	0	836,219	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,952	17,952	0	0	4,131	190.00
191.00	19100	RESEARCH	26,820	26,820	0	0	460	191.00
191.01	19101	RESEARCH-GCRC	7,236	7,236	26,020	0	3,861	191.01
191.02	19102	OSA	1,533	1,533	0	0	423	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,824	49,824	0	0	1,245	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	151,464	151,464	11,956	0	6,980	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQ. FEET)	
		6.00	7.00	8.00	9.00	9.01	
192.02	19202 OTHER NONREIMBURSABLE - IUMC	5,248	5,248	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	788,582	788,582	0	0	143,451	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	0	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	15,530	15,530	0	0	0	192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212 CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211 UNUSED SPACE	198,090	198,090	0	0	22,977	192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	24,873,897	51,685,291	999,204	0	2,031,072	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.614930	11.725995	0.166908	0.000000	1.991741	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	427,881	441,145	414,282	0	5,065	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.096588	0.100084	0.069202	0.000000	0.004967	205.00

COST ALLOCATION - STATISTICAL BASIS

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Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (METHODIST SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
		9.02	9.03	9.04	9.05	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902	1,079,576					9.02
9.03	00903	0	1,482,701				9.03
9.04	00904	0	0	242,747			9.04
9.05	00905	0	0	0	130,482		9.05
10.00	01000	2,796	20,476	3,560	4,406	586,849	10.00
11.00	01100	0	0	5,630	2,112	0	11.00
13.00	01300	1,557	22,675	0	338	0	13.00
13.01	01851	0	10,110	0	0	0	13.01
14.00	01400	20,032	9,486	7,771	1,290	0	14.00
15.00	01500	12,658	24,008	5,565	982	0	15.00
16.00	01600	0	0	0	3,404	0	16.00
17.00	01700	2,738	2,024	0	0	0	17.00
18.00	01850	0	75	0	0	0	18.00
21.00	02100	3,242	0	0	0	0	21.00
22.00	02200	0	43,306	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	3,869	0	0	0	23.02
23.03	02303	0	3,715	0	0	0	23.03
23.04	02304	0	3,611	0	0	0	23.04
23.05	02312	0	0	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	0	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	2,289	0	0	0	23.09
23.10	02310	0	2,238	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	288,038	271,031	32,307	16,884	490,030	30.00
31.00	03100	0	49,708	0	0	15,228	31.00
32.00	03200	12,270	22,094	0	0	17,377	32.00
32.01	03201	0	8,262	0	0	1,797	32.01
33.00	03300	15,302	0	0	0	3,777	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	0	0	0	0	1,481	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	49,762	0	0	0	2,259	34.04
34.05	03404	0	0	0	0	589	34.05
34.06	03407	42,542	0	0	0	3,548	34.06
40.00	04000	0	21,414	0	0	25,189	40.00
43.00	04300	0	6,548	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	63,876	86,889	20,072	16,260	0	50.00
50.01	05001	0	6,733	0	0	0	50.01
51.00	05100	19,044	14,067	22,844	0	2	51.00
52.00	05200	0	13,949	0	0	8,834	52.00
53.00	05300	8,663	1,338	0	0	0	53.00
53.01	05301	13,659	2,813	303	0	0	53.01
54.00	05400	58,349	90,391	12,534	14,831	0	54.00
55.00	05500	0	17,325	0	0	0	55.00
56.00	05600	2,166	8,820	875	0	0	56.00
59.00	05900	0	0	11,315	0	0	59.00
60.00	06000	11,621	11,391	7,219	4,322	0	60.00
60.01	06001	0	4,470	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	1,963	0	0	0	63.00
65.00	06500	7,041	11,493	642	1,193	0	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			HOUSEKEEPING - RI LEY (RI LEY SQUA REFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
			9.02	9.03	9.04	9.05	10.00	
66.00	06600	PHYSICAL THERAPY	6,114	28,746	4,956	3,765	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,129	5,105	0	1,170	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,591	7,095	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,316	7,666	0	1,690	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,646	16,190	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,064	10,273	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	3,265	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	4,439	8,466	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	9,367	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,852	0	0	0	76.02
76.03	03950	CARDIAC CATH	4,491	30,493	0	0	0	76.03
76.04	03951	DAY SURGERY	0	940	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	CARDIOLOGY-RI LEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,188	5,503	1,730	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	19,204	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	28,257	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RI LEY CLINICS	38,172	0	0	0	197	90.07
90.08	09008	MOTILITY LAB	425	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	4,653	0	0	0	90.10
90.11	09023	SLEEP LAB	0	13,321	3,485	0	37	90.11
90.12	09024	OP CARE ADULTS	0	10,115	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2,094	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	4,578	0	0	0	90.24
91.00	09100	EMERGENCY	27,226	59,724	13,130	8,601	14,678	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	811	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	639	2,678	0	0	0	105.00
106.00	10600	HEART ACQUISITION	54	298	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	234	2,054	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	106	648	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	27	409	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	25	147	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	599	4,610	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	6,166	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	759,114	1,078,533	157,711	82,978	585,023	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,158	3,263	0	400	0	190.00
191.00	19100	RESEARCH	0	26,361	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	3,375	0	0	1,826	191.01
191.02	19102	OSA	1,110	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,474	0	0	47,104	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	2,759	127,141	0	0	0	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	
		9.02	9.03	9.04	9.05	10.00	
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	5,248	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	206,972	172,694	76,704	0	0	192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207 RHI	0	0	0	0	0	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	259	2,661	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	97,730	63,425	8,332	0	0	192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,789,498	1,976,609	662,721	592,597	14,190,866	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.583883	1.333114	2.730089	4.541600	24.181461	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,956	29,111	23,364	1,724	766,617	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.006443	0.019634	0.096248	0.013213	1.306328	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904						9.04
9.05	00905						9.05
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	7,836	3,116				13.00
13.01	01851	2	0	3,681,848			13.01
14.00	01400	71	0	0	202,687,283		14.00
15.00	01500	295	1	0	1,914,760	173,934,769	15.00
16.00	01600	3	0	0	0	0	16.00
17.00	01700	66	1	0	62	0	17.00
18.00	01850	48	0	0	4,073	0	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	2	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	11	0	735,833	0	0	23.02
23.03	02303	4	0	0	2,976	116	23.03
23.04	02304	2	0	142,020	0	0	23.04
23.05	02312	14	0	708,566	0	0	23.05
23.06	02306	6	0	336,776	8,282	0	23.06
23.07	02307	19	0	1,275,765	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	4	0	263,721	0	0	23.09
23.10	02310	4	0	219,167	1,156	233	23.10
23.11	02311	0	0	0	0	0	23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,666	1,212	0	10,588,373	563,243	30.00
31.00	03100	186	167	0	1,778,107	126,649	31.00
32.00	03200	188	170	0	2,214,966	275,550	32.00
32.01	03201	220	198	0	1,798,154	216,183	32.01
33.00	03300	22	17	0	170,931	9,409	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	41	37	0	631,447	32,810	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	109	97	0	1,132,773	124,686	34.04
34.05	03404	26	24	0	358,435	9,699	34.05
34.06	03407	25	19	0	117,949	28,118	34.06
40.00	04000	45	22	0	39,072	325	40.00
43.00	04300	23	10	0	112,120	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	487	242	0	14,789,725	272,353	50.00
50.01	05001	18	13	0	748,816	11,988	50.01
51.00	05100	98	81	0	446,933	53,686	51.00
52.00	05200	95	67	0	586,662	0	52.00
53.00	05300	22	16	0	2,383,282	426,815	53.00
53.01	05301	38	5	0	178,664	196	53.01
54.00	05400	392	57	0	2,513,390	396,209	54.00
55.00	05500	57	14	0	191,645	8,896	55.00
56.00	05600	11	0	0	51,643	21,722	56.00
59.00	05900	8	5	0	0	1,816	59.00
60.00	06000	791	5	0	34,208,880	98,939	60.00
60.01	06001	12	0	0	1,226,163	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	43	0	0	1,035,767	728	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
65.00	06500	RESPIRATORY THERAPY	271	0	0	1,381,844	2,430	65.00
66.00	06600	PHYSICAL THERAPY	169	0	0	600,885	288	66.00
67.00	06700	OCCUPATIONAL THERAPY	38	0	0	101,616	0	67.00
68.00	06800	SPEECH PATHOLOGY	45	4	0	68,724	4,368	68.00
69.00	06900	ELECTROCARDIOLOGY	59	4	0	96,232	3,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50	0	0	226,369	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	40,651,631	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	70,283,977	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	169,418,959	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	75	0	0	137,904	0	73.03
74.00	07400	RENAL DIALYSIS	94	44	0	1,837,120	95,252	74.00
76.00	03020	RH NBN ECMO IC	8	8	0	210,151	15,262	76.00
76.01	03140	CARDIOLOGY	9	5	0	441,713	23,323	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3	2	0	25,323	19	76.02
76.03	03950	CARDIAC CATH	45	29	0	524,439	27,191	76.03
76.04	03951	DAY SURGERY	50	36	0	618,047	46,942	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	9	3	0	284	0	76.08
76.97	07697	CARDIAC REHABILITATION	5	3	0	5,646	18	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	34	10	0	52,643	1,030	90.01
90.02	09002	IUSCC HEM/ONC	201	52	0	1,646,713	442,779	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	6	0	0	4,160	160	90.03
90.04	09004	AMB SVC-PSYCH ADULT	6	2	0	2,491	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	29	8	0	44,131	352	90.06
90.07	09007	AMB SVC-RILEY CLINICS	73	32	0	189,065	59,307	90.07
90.08	09008	MOTILITY LAB	1	1	0	72,738	125	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	39	0	0	101,309	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	558	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	2	1	0	18,905	3,558	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	18	4	0	11,517	1,498	90.17
90.18	09016	DERMATOLOGY CLINIC	13	6	0	73,851	0	90.18
90.19	09017	INFUSION/HEM/ONC	8	5	0	29,438	26,127	90.19
90.20	09025	IUMG - MH	4	2	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2	2	0	1,574	66	90.21
90.22	09020	EATING DISORDERS CLINIC	12	1	0	732	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	12	4	0	13,953	54	90.23
90.24	09021	LIFE CARE CLINIC	18	7	0	2,409	25	90.24
91.00	09100	EMERGENCY	298	196	0	2,422,532	190,066	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	11	7	0	453,340	21,343	94.00
95.00	09500	AMBULANCE SERVICES	126	51	0	261,081	12,142	95.00
101.00	10100	HOME HEALTH AGENCY	261	64	0	189,443	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	30	0	0	133,002	50	105.00
106.00	10600	HEART ACQUISITION	3	1	0	769	0	106.00
107.00	10700	LIVER ACQUISITION	15	0	0	46,245	0	107.00
108.00	10800	LUNG ACQUISITION	7	0	0	8,191	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	23,177	0	109.00
110.00	11000	INTESTINAL ACQUISITION	2	0	0	5,097	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	2	0	0	126,716	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	42	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	56	22	0	83,825	809,717	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,593	3,096	3,681,848	202,466,716	173,885,852	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9	0	0	432	0	190.00
191.00	19100	RESEARCH	6	0	0	30,405	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	59,319	2,528	191.01
191.02	19102	OSA	19	3	0	25,865	0	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
			11.00	13.00	13.01	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3	2	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	113	12	0	55,767	45,231	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	5	1	0	97	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	1	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	3	0	0	20,543	448	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	75	0	0	3,443	675	192.08
192.09	19209	ARTHRITIS CLINIC - NR	1	0	0	4,453	0	192.09
192.10	19212	CARDIO PHYSICIANS	8	2	0	20,243	35	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						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,627,748	27,158,132	593,003	114,237,428	51,225,724	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	845.807555	8,715.703466	0.161061	0.563614	0.294511	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	126,822	754,769	146,856	1,792,374	2,863,432	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	16.184533	242.223684	0.039886	0.008843	0.016463	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
			PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			(GROSS CHARGES)			
	16.00	17.00	18.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING & STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING - UNIVERSITY						9.01
9.02 00902 HOUSEKEEPING - RILEY						9.02
9.03 00903 HOUSEKEEPING - METHODIST						9.03
9.04 00904 HOUSEKEEPING - SAXONY						9.04
9.05 00905 HOUSEKEEPING - MORGAN						9.05
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
13.01 01851 PARAMED ED ADMINISTRATION						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,241,626,040					16.00
17.00 01700 SOCIAL SERVICE	0	321,191				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	7,241,626,040			18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	62,822		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	62,822	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0		23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0		23.04
23.05 02312 PARAMED PASTORAL EDUCATION	0	0	0	0		23.05
23.06 02306 PARAMED LAB SCIENCE PRO	0	0	0	0		23.06
23.07 02307 PARAMED PHARMACY	0	0	0	0		23.07
23.08 02308 PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09 02309 PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10 02310 PARAMED PHARMACY TECH	0	0	0	0		23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	636,532,743	224,019	636,532,743	17,219	17,219	30.00
31.00 03100 INTENSIVE CARE UNIT	75,505,219	19,470	75,505,219	2,227	2,227	31.00
32.00 03200 CORONARY CARE UNIT	68,973,442	16,819	68,973,442	148	148	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	137,762,767	28,628	137,762,767	491	491	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	9,406,574	2,304	9,406,574	46	46	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	278	278	34.00
34.02 03401 UH SURG 61C	15,562,672	3,862	15,562,672	0	0	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PED IC	41,716,566	8,213	41,716,566	246	246	34.04
34.05 03404 TRANSPLANT ICU	9,054,073	2,202	9,054,073	16	16	34.05
34.06 03407 PEDS CANCER CARE	12,925,308	3,029	12,925,308	0	0	34.06
40.00 04000 SUBPROVIDER - IPF	15,102,274	6,632	15,102,274	178	178	40.00
43.00 04300 NURSERY	8,918,544	6,013	8,918,544	5	5	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	806,154,245	0	806,154,245	5,347	5,347	50.00
50.01 05001 ENDOSCOPY	26,746,375	0	26,746,375	183	183	50.01
51.00 05100 RECOVERY ROOM	119,003,509	0	119,003,509	360	360	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	60,072,546	0	60,072,546	520	520	52.00
53.00 05300 ANESTHESIOLOGY	64,467,117	0	64,467,117	5,033	5,033	53.00
53.01 05301 PULMONARY FUNCTION TESTING	33,097,492	0	33,097,492	112	112	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	571,552,216	0	571,552,216	3,869	3,869	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	135,033,643	0	135,033,643	36	36	55.00
56.00 05600 RADIOISOTOPE	31,648,618	0	31,648,618	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	51,283,843	0	51,283,843	89	89	59.00
60.00 06000 LABORATORY	713,391,678	0	713,391,678	1,879	1,879	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	17,497,003	0	17,497,003	15	15	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
					PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	119,191,782	0	119,191,782	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	125,145,639	0	125,145,639	0	0	65.00
66.00	06600	PHYSICAL THERAPY	71,235,503	0	71,235,503	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,909,524	0	13,909,524	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,760,749	0	17,760,749	34	34	68.00
69.00	06900	ELECTROCARDIOLOGY	96,870,404	0	96,870,404	537	537	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	48,165,076	0	48,165,076	4,331	4,331	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	200,277,703	0	200,277,703	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	456,709,024	0	456,709,024	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,083,566,950	0	1,083,566,950	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	94,610,955	0	94,610,955	0	0	73.03
74.00	07400	RENAL DIALYSIS	43,198,712	0	43,198,712	147	147	74.00
76.00	03020	RH NBN ECMO IC	4,263,398	0	4,263,398	0	0	76.00
76.01	03140	CARDIOLOGY	38,254,566	0	38,254,566	964	964	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,912,411	0	3,912,411	0	0	76.02
76.03	03950	CARDIAC CATH	146,730,791	0	146,730,791	0	0	76.03
76.04	03951	DAY SURGERY	5,160,760	0	5,160,760	215	215	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	7,356,528	0	7,356,528	28	28	76.08
76.97	07697	CARDIAC REHABILITATION	2,192,631	0	2,192,631	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,263,171	0	4,263,171	424	424	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	10,094,442	0	10,094,442	214	214	90.01
90.02	09002	IUSCC HEM/ONC	85,626,517	0	85,626,517	1,264	1,264	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	3,015,898	0	3,015,898	99	99	90.03
90.04	09004	AMB SVC-PSYCH ADULT	4,132,642	0	4,132,642	1,063	1,063	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	136	136	90.05
90.06	09006	OUTPATIENT SURGERY	23,778,757	0	23,778,757	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	13,231,417	0	13,231,417	1,877	1,877	90.07
90.08	09008	MOTILITY LAB	910,680	0	910,680	1,365	1,365	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	31	31	90.10
90.11	09023	SLEEP LAB	17,526,590	0	17,526,590	54	54	90.11
90.12	09024	OP CARE ADULTS	14,046	0	14,046	510	510	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	358	358	90.13
90.14	09012	ARTHRTIS CLINIC	5,062,533	0	5,062,533	320	320	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,092,828	0	1,092,828	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	3,813,634	0	3,813,634	216	216	90.18
90.19	09017	INFUSION/HEM/ONC	8,959,886	0	8,959,886	286	286	90.19
90.20	09025	IUMG - MH	245	0	245	69	69	90.20
90.21	09019	OP REHAB CLINIC	584,765	0	584,765	222	222	90.21
90.22	09020	EATING DISORDERS CLINIC	2,693,794	0	2,693,794	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	526,414	0	526,414	638	638	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	485,561,348	0	485,561,348	4,522	4,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	15,635,782	0	15,635,782	0	0	94.00
95.00	09500	AMBULANCE SERVICES	93,546,194	0	93,546,194	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	100,523,651	0	100,523,651	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	32,942,002	0	32,942,002	0	0	105.00
106.00	10600	HEART ACQUISITION	4,880,836	0	4,880,836	0	0	106.00
107.00	10700	LIVER ACQUISITION	37,632,937	0	37,632,937	0	0	107.00
108.00	10800	LUNG ACQUISITION	14,800,080	0	14,800,080	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	9,574,572	0	9,574,572	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	4,037,078	0	4,037,078	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	17,241,728	0	17,241,728	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,241,626,040	321,191	7,241,626,040	58,221	58,221	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS			
			PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			(GROSS CHARGES)	(GROSS CHARGES)	(GROSS CHARGES)		
	16.00	17.00	18.00	21.00	22.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	4,033	4,033 191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0 191.01
191.02	19102	OSA	0	0	0	0	0 191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	531	531 192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0 192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0 192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.03
192.04	19204	MHH RADIOLOGY	0	0	0	22	22 192.04
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	0	0	15	15 192.08
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					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,718,594	6,730,835	2,819,031	46,870,093	22,238,066 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002032	20.955864	0.000389	746.077696	353.985324 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	93,914	83,363	92,740	168,998	682,431 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000013	0.259543	0.000013	2.690109	10.862930 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904						9.04
9.05	00905						9.05
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
13.01	01851						13.01
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300	0					23.00
23.01	02301		0				23.01
23.02	02302			100			23.02
23.03	02303				100		23.03
23.04	02304					100	23.04
23.05	02312						23.05
23.06	02306						23.06
23.07	02307						23.07
23.08	02308						23.08
23.09	02309						23.09
23.10	02310						23.10
23.11	02311						23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
32.01	03201	0	0	0	0	0	32.01
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	0	0	0	0	0	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	0	0	0	0	0	34.04
34.05	03404	0	0	0	0	0	34.05
34.06	03407	0	0	0	0	0	34.06
40.00	04000	0	0	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	0	0	0	53.01
54.00	05400	0	0	100	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	0	0	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
65.00	06500	RESPIRATORY THERAPY	0	0	0	100	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	0	0	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	100	100	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
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						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	1,294,602	197,005	344,260	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	12,946.020000	1,970.050000	3,442.600000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	83,494	49,431	58,890	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	834.940000	459.340000	588.900000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
9.02	00902						9.02
9.03	00903						9.03
9.04	00904						9.04
9.05	00905						9.05
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
13.01	01851						13.01
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301						23.01
23.02	02302						23.02
23.03	02303						23.03
23.04	02304						23.04
23.05	02312	321,191					23.05
23.06	02306		100				23.06
23.07	02307			173,934,420			23.07
23.08	02308				0		23.08
23.09	02309					100	23.09
23.10	02310						23.10
23.11	02311						23.11
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	224,019	0	563,243	0	0	30.00
31.00	03100	19,470	0	126,649	0	0	31.00
32.00	03200	16,819	0	275,550	0	0	32.00
32.01	03201	28,628	0	216,183	0	0	32.01
33.00	03300	2,304	0	9,409	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	3,862	0	32,810	0	0	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	8,213	0	124,686	0	0	34.04
34.05	03404	2,202	0	9,699	0	0	34.05
34.06	03407	3,029	0	28,118	0	0	34.06
40.00	04000	6,632	0	325	0	0	40.00
43.00	04300	6,013	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	272,353	0	100	50.00
50.01	05001	0	0	11,988	0	0	50.01
51.00	05100	0	0	53,686	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	426,815	0	0	53.00
53.01	05301	0	0	196	0	0	53.01
54.00	05400	0	0	396,209	0	0	54.00
55.00	05500	0	0	8,896	0	0	55.00
56.00	05600	0	0	21,722	0	0	56.00
59.00	05900	0	0	1,816	0	0	59.00
60.00	06000	0	100	98,939	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	0	728	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
65.00	06500	RESPIRATORY THERAPY	0	0	2,430	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	288	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,368	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,032	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	169,418,959	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	95,252	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	15,262	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	23,323	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	19	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	27,191	0	0	76.03
76.04	03951	DAY SURGERY	0	0	46,942	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	18	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	1,030	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	442,779	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	160	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	352	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	59,307	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	125	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRI TIS CLINIC	0	0	3,558	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	1,498	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	26,127	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	66	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	54	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	25	0	0	90.24
91.00	09100	EMERGENCY	0	0	190,066	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	21,343	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	12,142	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	50	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	809,717	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	321,191	100	173,885,503	0	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	2,528	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
			23.05	23.06	23.07	23.08	23.09	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	45,231	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	448	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	675	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	35	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						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,127,847	552,228	1,981,905	0	491,918	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.511453	5,522.280000	0.011395	0.000000	4,919.180000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	31,292	14,974	59,038	0	41,837	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.097425	149.740000	0.000339	0.000000	418.370000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.10	23.11	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00540			5.01
5.02	00550			5.02
5.03	00590			5.03
5.04	00570			5.04
5.05	00580			5.05
5.06	00560			5.06
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
9.01	00901			9.01
9.02	00902			9.02
9.03	00903			9.03
9.04	00904			9.04
9.05	00905			9.05
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
13.01	01851			13.01
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
18.00	01850			18.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
23.01	02301			23.01
23.02	02302			23.02
23.03	02303			23.03
23.04	02304			23.04
23.05	02312			23.05
23.06	02306			23.06
23.07	02307			23.07
23.08	02308			23.08
23.09	02309			23.09
23.10	02310	100		23.10
23.11	02311		100	23.11
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	0	0	30.00
31.00	03100	0	0	31.00
32.00	03200	0	0	32.00
32.01	03201	0	0	32.01
33.00	03300	0	0	33.00
34.00	03400	0	0	34.00
34.02	03401	0	0	34.02
34.03	03402	0	0	34.03
34.04	03403	0	0	34.04
34.05	03404	0	0	34.05
34.06	03407	0	0	34.06
40.00	04000	0	0	40.00
43.00	04300	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	0	50.00
50.01	05001	0	0	50.01
51.00	05100	0	0	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
53.01	05301	0	0	53.01
54.00	05400	0	0	54.00
55.00	05500	0	0	55.00
56.00	05600	0	0	56.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
60.01	06001	0	0	60.01
60.02	06002	0	0	60.02
63.00	06300	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOG Y (ASSIGNED TIME)	
			23.10	23.11	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	76.00
76.01	03140	CARDIOLOGY	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	76.03
76.04	03951	DAY SURGERY	0	0	76.04
76.05	03480	ONCOLOGY	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	90.10
90.11	09023	SLEEP LAB	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	ARTHRTIS CLINIC	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	90.24
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	191.01
191.02	19102	OSA	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOG Y (ASSIGNED TIME)	
			23.10	23.11	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	192.06
192.07	19207	RHI	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	425,871	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,258.710000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	39,249	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	392.490000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 3/30/2017 3:09 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	240,032,338		240,032,338	30.00
31.00	03100	INTENSIVE CARE UNIT	27,490,373		27,490,373	31.00
32.00	03200	CORONARY CARE UNIT	27,820,197		27,820,197	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	33,245,873		33,245,873	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,389,023		4,389,023	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.02	03401	UH SURG 6IC	5,534,893		5,534,893	34.02
34.03	03402	UH NS 3IC	1,295		1,295	34.03
34.04	03403	RH PEDIC	16,158,386		16,158,386	34.04
34.05	03404	TRANSPLANT ICU	4,117,538		4,117,538	34.05
34.06	03407	PEDS CANCER CARE	5,297,818		5,297,818	34.06
40.00	04000	SUBPROVIDER - I PF	6,459,783		6,459,783	40.00
43.00	04300	NURSERY	4,710,956		4,710,956	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	103,401,237		103,401,237	50.00
50.01	05001	ENDOSCOPY	3,866,130		3,866,130	50.01
51.00	05100	RECOVERY ROOM	15,430,675		15,430,675	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,541,013		15,541,013	52.00
53.00	05300	ANESTHESIOLOGY	5,765,631		5,765,631	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,601,525		5,601,525	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,205,444		79,205,444	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,041,762		13,041,762	55.00
56.00	05600	RADIOISOTOPE	3,319,383		3,319,383	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,343,272		3,343,272	59.00
60.00	06000	LABORATORY	91,788,217		91,788,217	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,950,435		3,950,435	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,930		1,930	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,701,316		17,701,316	63.00
65.00	06500	RESPIRATORY THERAPY	31,710,334	0	31,710,334	65.00
66.00	06600	PHYSICAL THERAPY	21,796,022	0	21,796,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,383,754	0	4,383,754	67.00
68.00	06800	SPEECH PATHOLOGY	6,021,735	0	6,021,735	68.00
69.00	06900	ELECTROCARDIOLOGY	6,462,724		6,462,724	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,634,094		7,634,094	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,742,429		72,742,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	132,444,714		132,444,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,939,457		247,939,457	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	82,750,990		82,750,990	73.03
74.00	07400	RENAL DIALYSIS	12,876,921		12,876,921	74.00
76.00	03020	RH NBN ECMO IC	1,770,799		1,770,799	76.00
76.01	03140	CARDIOLOGY	4,308,712		4,308,712	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,840,004		2,840,004	76.02
76.03	03950	CARDIAC CATH	9,313,583		9,313,583	76.03
76.04	03951	DAY SURGERY	6,337,316		6,337,316	76.04
76.05	03480	ONCOLOGY	0		0	76.05
76.06	03952	DAY SURGERY-RILEY	0		0	76.06
76.07	03953	CARDIOLOGY-RILEY	0		0	76.07
76.08	03954	ECMO-ADULT	1,198,971		1,198,971	76.08
76.97	07697	CARDIAC REHABILITATION	1,308,439		1,308,439	76.97
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	6,175,204		6,175,204	89.00
90.00	09000	CLINIC	0		0	90.00
90.01	09001	AMB SVC-OB & GYN	3,750,435		3,750,435	90.01
90.02	09002	IUSCC HEM/ONC	42,690,813		42,690,813	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	836,565		836,565	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,648,625		1,648,625	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	90.05
90.06	09006	OUTPATIENT SURGERY	3,581,596		3,581,596	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,000,699		6,000,699	90.07
90.08	09008	MOTILITY LAB	302,271		302,271	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	90.09
90.10	09010	CLINICAL GERIATRICS	160,331		160,331	90.10
90.11	09023	SLEEP LAB	4,638,687		4,638,687	90.11
90.12	09024	OP CARE ADULTS	579,301		579,301	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	90.13
90.14	09012	ARTHRITIS CLINIC	376,932		376,932	90.14
90.15	09013	NEUROLOGY UH	0		0	90.15
90.16	09014	ORTHOPEDI CS UH	0		0	90.16
90.17	09015	PHYSICAL MEDICINE	1,749,567		1,749,567	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.18	09016	DERMATOLOGY CLINIC	1,481,299		1,481,299	0	1,481,299	90.18
90.19	09017	INFUSION/HEM/ONC	1,231,692		1,231,692	0	1,231,692	90.19
90.20	09025	IMG - MH	356,279		356,279	0	356,279	90.20
90.21	09019	OP REHAB CLINIC	294,638		294,638	0	294,638	90.21
90.22	09020	EATING DISORDERS CLINIC	1,621,358		1,621,358	0	1,621,358	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,420,813		1,420,813	0	1,420,813	90.23
90.24	09021	LIFE CARE CLINIC	1,761,004		1,761,004	0	1,761,004	90.24
91.00	09100	EMERGENCY	42,046,151		42,046,151	0	42,046,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	19,518,676		19,518,676		19,518,676	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	2,307,332		2,307,332	0	2,307,332	94.00
95.00	09500	AMBULANCE SERVICES	30,050,566		30,050,566	0	30,050,566	95.00
101.00	10100	HOME HEALTH AGENCY	48,003,916		48,003,916		48,003,916	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,534,681		12,534,681		12,534,681	105.00
106.00	10600	HEART ACQUISITION	1,662,549		1,662,549		1,662,549	106.00
107.00	10700	LIVER ACQUISITION	10,645,832		10,645,832		10,645,832	107.00
108.00	10800	LUNG ACQUISITION	5,167,569		5,167,569		5,167,569	108.00
109.00	10900	PANCREAS ACQUISITION	2,865,945		2,865,945		2,865,945	109.00
110.00	11000	INTESTINAL ACQUISITION	1,238,111		1,238,111		1,238,111	110.00
112.00	08600	OTHER ORGAN ACQUISITION	560,880		560,880		560,880	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,379,960		5,379,960		5,379,960	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,895,406		7,895,406		7,895,406	116.00
200.00		Subtotal (see instructions)	1,661,593,124	0	1,661,593,124	0	1,661,593,124	200.00
201.00		Less Observation Beds	19,518,676		19,518,676		19,518,676	201.00
202.00		Total (see instructions)	1,642,074,448	0	1,642,074,448	0	1,642,074,448	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
90.19	09017	INFUSION/HEM/ONC	16,409	8,943,477	8,959,886	0.137467	0.000000	90.19	
90.20	09025	IUMG - MH	0	245	245	1,454.200000	0.000000	90.20	
90.21	09019	OP REHAB CLINIC	1,926	582,839	584,765	0.503857	0.000000	90.21	
90.22	09020	EATING DISORDERS CLINIC	0	2,693,794	2,693,794	0.601886	0.000000	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	7,527	518,887	526,414	2.699041	0.000000	90.23	
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24	
91.00	09100	EMERGENCY	130,242,623	355,318,725	485,561,348	0.086593	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,702,016	42,091,225	44,793,241	0.435750	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	3,284	15,632,498	15,635,782	0.147567	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	556,432	92,989,762	93,546,194	0.321238	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	100,523,651	100,523,651			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	32,942,002	0	32,942,002			105.00	
106.00	10600	HEART ACQUISITION	4,880,836	0	4,880,836			106.00	
107.00	10700	LIVER ACQUISITION	37,632,937	0	37,632,937			107.00	
108.00	10800	LUNG ACQUISITION	14,799,882	198	14,800,080			108.00	
109.00	10900	PANCREAS ACQUISITION	9,574,572	0	9,574,572			109.00	
110.00	11000	INTESTINAL ACQUISITION	4,037,078	0	4,037,078			110.00	
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00	
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	17,241,728	17,241,728			116.00	
200.00		Subtotal (see instructions)	4,074,389,310	3,167,236,730	7,241,626,040			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	4,074,389,310	3,167,236,730	7,241,626,040			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 3/30/2017 3:09 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 61C			34.02
34.03	03402	UH NS 31C			34.03
34.04	03403	RH PED 1C			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128265		50.00
50.01	05001	ENDOSCOPY	0.144548		50.01
51.00	05100	RECOVERY ROOM	0.129666		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258704		52.00
53.00	05300	ANESTHESIOLOGY	0.089435		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.169243		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138580		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.096582		55.00
56.00	05600	RADIOISOTOPE	0.104882		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.065192		59.00
60.00	06000	LABORATORY	0.128665		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.225778		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.148511		63.00
65.00	06500	RESPIRATORY THERAPY	0.253387		65.00
66.00	06600	PHYSICAL THERAPY	0.305971		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.315162		67.00
68.00	06800	SPEECH PATHOLOGY	0.339047		68.00
69.00	06900	ELECTROCARDIOLOGY	0.066715		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158499		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.363208		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289998		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228818		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.874645		73.03
74.00	07400	RENAL DIALYSIS	0.298086		74.00
76.00	03020	RH NBN ECMO 1C	0.415349		76.00
76.01	03140	CARDIOLOGY	0.112633		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.725896		76.02
76.03	03950	CARDIAC CATH	0.063474		76.03
76.04	03951	DAY SURGERY	1.227981		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.162981		76.08
76.97	07697	CARDIAC REHABILITATION	0.596744		76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.371535		90.01
90.02	09002	IUSCC HEM/ONC	0.498570		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.277385		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.398928		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.150622		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.453519		90.07
90.08	09008	MOTILITY LAB	0.331918		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.264666		90.11
90.12	09024	OP CARE ADULTS	41.243130		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	0.074455		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.600954		90.17
90.18	09016	DERMATOLOGY CLINIC	0.388422		90.18
90.19	09017	INFUSION/HEM/ONC	0.137467		90.19
90.20	09025	IUMG - MH	1,454.200000		90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
90.21	09019 OP REHAB CLINIC	0.503857			90.21
90.22	09020 EATING DISORDERS CLINIC	0.601886			90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.699041			90.23
90.24	09021 LIFE CARE CLINIC	0.000000			90.24
91.00	09100 EMERGENCY	0.086593			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.435750			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.147567			94.00
95.00	09500 AMBULANCE SERVICES	0.321238			95.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
112.00	08600 OTHER ORGAN ACQUISITION				112.00
112.01	08601 POST TRANSPLANT EXPENSES				112.01
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 3/30/2017 3:09 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		240,032,338	0	240,032,338	30.00
31.00	03100 INTENSIVE CARE UNIT		27,490,373	0	27,490,373	31.00
32.00	03200 CORONARY CARE UNIT		27,820,197	0	27,820,197	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT		33,245,873	0	33,245,873	32.01
33.00	03300 BURN INTENSIVE CARE UNIT		4,389,023	0	4,389,023	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.02	03401 UH SURG 61C		5,534,893	0	5,534,893	34.02
34.03	03402 UH NS 31C		1,295	0	1,295	34.03
34.04	03403 RH PEDIC		16,158,386	0	16,158,386	34.04
34.05	03404 TRANSPLANT ICU		4,117,538	0	4,117,538	34.05
34.06	03407 PEDS CANCER CARE		5,297,818	0	5,297,818	34.06
40.00	04000 SUBPROVIDER - I PF		6,459,783	0	6,459,783	40.00
43.00	04300 NURSERY		4,710,956	0	4,710,956	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		103,401,237	0	103,401,237	50.00
50.01	05001 ENDOSCOPY		3,866,130	0	3,866,130	50.01
51.00	05100 RECOVERY ROOM		15,430,675	0	15,430,675	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		15,541,013	0	15,541,013	52.00
53.00	05300 ANESTHESIOLOGY		5,765,631	0	5,765,631	53.00
53.01	05301 PULMONARY FUNCTION TESTING		5,601,525	0	5,601,525	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		79,205,444	0	79,205,444	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		13,041,762	0	13,041,762	55.00
56.00	05600 RADIOISOTOPE		3,319,383	0	3,319,383	56.00
59.00	05900 CARDIAC CATHETERIZATION		3,343,272	0	3,343,272	59.00
60.00	06000 LABORATORY		91,788,217	0	91,788,217	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY		3,950,435	0	3,950,435	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB		1,930	0	1,930	60.02
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		17,701,316	0	17,701,316	63.00
65.00	06500 RESPIRATORY THERAPY	0	31,710,334	0	31,710,334	65.00
66.00	06600 PHYSICAL THERAPY	0	21,796,022	0	21,796,022	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,383,754	0	4,383,754	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,021,735	0	6,021,735	68.00
69.00	06900 ELECTROCARDIOLOGY		6,462,724	0	6,462,724	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		7,634,094	0	7,634,094	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		72,742,429	0	72,742,429	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		132,444,714	0	132,444,714	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		247,939,457	0	247,939,457	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY		82,750,990	0	82,750,990	73.03
74.00	07400 RENAL DIALYSIS		12,876,921	0	12,876,921	74.00
76.00	03020 RH NBN ECMO IC		1,770,799	0	1,770,799	76.00
76.01	03140 CARDIOLOGY		4,308,712	0	4,308,712	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		2,840,004	0	2,840,004	76.02
76.03	03950 CARDIAC CATH		9,313,583	0	9,313,583	76.03
76.04	03951 DAY SURGERY		6,337,316	0	6,337,316	76.04
76.05	03480 ONCOLOGY		0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY		0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY		0	0	0	76.07
76.08	03954 ECMO-ADULT		1,198,971	0	1,198,971	76.08
76.97	07697 CARDIAC REHABILITATION		1,308,439	0	1,308,439	76.97
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		6,175,204	0	6,175,204	89.00
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN		3,750,435	0	3,750,435	90.01
90.02	09002 IUSCC HEM/ONC		42,690,813	0	42,690,813	90.02
90.03	09003 AMB SVC-OPTHALMOLOGY		836,565	0	836,565	90.03
90.04	09004 AMB SVC-PSYCH ADULT		1,648,625	0	1,648,625	90.04
90.05	09005 AMB SVC-DIABETES ADULT		0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY		3,581,596	0	3,581,596	90.06
90.07	09007 AMB SVC-RILEY CLINICS		6,000,699	0	6,000,699	90.07
90.08	09008 MOTILITY LAB		302,271	0	302,271	90.08
90.09	09009 AMB SVC - PSYCH CHILD		0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS		160,331	0	160,331	90.10
90.11	09023 SLEEP LAB		4,638,687	0	4,638,687	90.11
90.12	09024 OP CARE ADULTS		579,301	0	579,301	90.12
90.13	09011 PEDIATRIC CLINIC		0	0	0	90.13
90.14	09012 ARTHRITIS CLINIC		376,932	0	376,932	90.14
90.15	09013 NEUROLOGY UH		0	0	0	90.15
90.16	09014 ORTHOPEDICS UH		0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE		1,749,567	0	1,749,567	90.17

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.18	09016	DERMATOLOGY CLINIC	1,481,299		1,481,299	0	1,481,299	90.18
90.19	09017	INFUSION/HEM/ONC	1,231,692		1,231,692	0	1,231,692	90.19
90.20	09025	IMG - MH	356,279		356,279	0	356,279	90.20
90.21	09019	OP REHAB CLINIC	294,638		294,638	0	294,638	90.21
90.22	09020	EATING DISORDERS CLINIC	1,621,358		1,621,358	0	1,621,358	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,420,813		1,420,813	0	1,420,813	90.23
90.24	09021	LIFE CARE CLINIC	1,761,004		1,761,004	0	1,761,004	90.24
91.00	09100	EMERGENCY	42,046,151		42,046,151	0	42,046,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,518,676		19,518,676		19,518,676	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	2,307,332		2,307,332	0	2,307,332	94.00
95.00	09500	AMBULANCE SERVICES	30,050,566		30,050,566	0	30,050,566	95.00
101.00	10100	HOME HEALTH AGENCY	48,003,916		48,003,916		48,003,916	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,534,681		12,534,681		12,534,681	105.00
106.00	10600	HEART ACQUISITION	1,662,549		1,662,549		1,662,549	106.00
107.00	10700	LIVER ACQUISITION	10,645,832		10,645,832		10,645,832	107.00
108.00	10800	LUNG ACQUISITION	5,167,569		5,167,569		5,167,569	108.00
109.00	10900	PANCREAS ACQUISITION	2,865,945		2,865,945		2,865,945	109.00
110.00	11000	INTESTINAL ACQUISITION	1,238,111		1,238,111		1,238,111	110.00
112.00	08600	OTHER ORGAN ACQUISITION	560,880		560,880		560,880	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,379,960		5,379,960		5,379,960	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,895,406		7,895,406		7,895,406	116.00
200.00		Subtotal (see instructions)	1,661,593,124	0	1,661,593,124	0	1,661,593,124	200.00
201.00		Less Observation Beds	19,518,676		19,518,676		19,518,676	201.00
202.00		Total (see instructions)	1,642,074,448	0	1,642,074,448	0	1,642,074,448	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	591,739,502		591,739,502		30.00
31.00	03100	INTENSIVE CARE UNIT	75,505,219		75,505,219		31.00
32.00	03200	CORONARY CARE UNIT	68,973,442		68,973,442		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	137,762,767		137,762,767		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,406,574		9,406,574		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.02	03401	UH SURG 61C	15,562,672		15,562,672		34.02
34.03	03402	UH NS 31C	0		0		34.03
34.04	03403	RH PEDIC	41,716,566		41,716,566		34.04
34.05	03404	TRANSPLANT ICU	9,054,073		9,054,073		34.05
34.06	03407	PEDS CANCER CARE	12,925,308		12,925,308		34.06
40.00	04000	SUBPROVIDER - IPF	15,102,274		15,102,274		40.00
43.00	04300	NURSERY	8,918,544		8,918,544		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	539,812,003	266,342,242	806,154,245	0.128265	50.00
50.01	05001	ENDOSCOPY	17,552,862	9,193,513	26,746,375	0.144548	50.01
51.00	05100	RECOVERY ROOM	53,651,205	65,352,304	119,003,509	0.129666	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,167,276	6,905,270	60,072,546	0.258704	52.00
53.00	05300	ANESTHESIOLOGY	45,217,970	19,249,147	64,467,117	0.089435	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,574,248	28,523,244	33,097,492	0.169243	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	241,659,975	329,892,241	571,552,216	0.138580	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,912,278	128,121,365	135,033,643	0.096582	55.00
56.00	05600	RADIOISOTOPE	6,532,371	25,116,247	31,648,618	0.104882	56.00
59.00	05900	CARDIAC CATHETERIZATION	14,494,976	36,788,867	51,283,843	0.065192	59.00
60.00	06000	LABORATORY	366,197,818	347,193,860	713,391,678	0.128665	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,545,421	14,951,582	17,497,003	0.225778	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	104,411,483	14,780,299	119,191,782	0.148511	63.00
65.00	06500	RESPIRATORY THERAPY	122,350,315	2,795,324	125,145,639	0.253387	65.00
66.00	06600	PHYSICAL THERAPY	50,251,236	20,984,267	71,235,503	0.305971	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,788,333	3,121,191	13,909,524	0.315162	67.00
68.00	06800	SPEECH PATHOLOGY	7,301,320	10,459,429	17,760,749	0.339047	68.00
69.00	06900	ELECTROCARDIOLOGY	55,459,538	41,410,866	96,870,404	0.066715	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,464,361	16,700,715	48,165,076	0.158499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,103,475	82,174,228	200,277,703	0.363208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	345,481,629	111,227,395	456,709,024	0.289998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	548,393,713	535,173,237	1,083,566,950	0.228818	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	94,610,955	94,610,955	0.874645	73.03
74.00	07400	RENAL DIALYSIS	16,086,064	27,112,648	43,198,712	0.298086	74.00
76.00	03020	RH NBN ECMO IC	4,263,398	0	4,263,398	0.415349	76.00
76.01	03140	CARDIOLOGY	10,801,957	27,452,609	38,254,566	0.112633	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	947,122	2,965,289	3,912,411	0.725896	76.02
76.03	03950	CARDIAC CATH	52,511,629	94,219,162	146,730,791	0.063474	76.03
76.04	03951	DAY SURGERY	993,576	4,167,184	5,160,760	1.227981	76.04
76.05	03480	ONCOLOGY	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	7,356,528	0	7,356,528	0.162981	76.08
76.97	07697	CARDIAC REHABILITATION	486	2,192,145	2,192,631	0.596744	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	4,263,171	4,263,171	1.448500	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	112,945	9,981,497	10,094,442	0.371535	90.01
90.02	09002	IUSCC HEM/ONC	896,986	84,729,531	85,626,517	0.498570	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	6,930	3,008,968	3,015,898	0.277385	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	4,132,642	4,132,642	0.398928	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	9,436,306	14,342,451	23,778,757	0.150622	90.06
90.07	09007	AMB SVC-RILEY CLINICS	546,347	12,685,070	13,231,417	0.453519	90.07
90.08	09008	MOTILITY LAB	18,742	891,938	910,680	0.331918	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	10,044	17,516,546	17,526,590	0.264666	90.11
90.12	09024	OP CARE ADULTS	457	13,589	14,046	41.243130	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	2,220	5,060,313	5,062,533	0.074455	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDIC UH	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	6,037	1,086,791	1,092,828	1.600954	90.17
90.18	09016	DERMATOLOGY CLINIC	3,265	3,810,369	3,813,634	0.388422	90.18

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
90.19	09017	INFUSION/HEM/ONC	16,409	8,943,477	8,959,886	0.137467	0.000000	90.19	
90.20	09025	IUMG - MH	0	245	245	1,454.200000	0.000000	90.20	
90.21	09019	OP REHAB CLINIC	1,926	582,839	584,765	0.503857	0.000000	90.21	
90.22	09020	EATING DISORDERS CLINIC	0	2,693,794	2,693,794	0.601886	0.000000	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	7,527	518,887	526,414	2.699041	0.000000	90.23	
90.24	09021	LIFE CARE CLINIC	0	0	0	0.000000	0.000000	90.24	
91.00	09100	EMERGENCY	130,242,623	355,318,725	485,561,348	0.086593	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,702,016	42,091,225	44,793,241	0.435750	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	3,284	15,632,498	15,635,782	0.147567	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	556,432	92,989,762	93,546,194	0.321238	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	100,523,651	100,523,651			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	32,942,002	0	32,942,002			105.00	
106.00	10600	HEART ACQUISITION	4,880,836	0	4,880,836			106.00	
107.00	10700	LIVER ACQUISITION	37,632,937	0	37,632,937			107.00	
108.00	10800	LUNG ACQUISITION	14,799,882	198	14,800,080			108.00	
109.00	10900	PANCREAS ACQUISITION	9,574,572	0	9,574,572			109.00	
110.00	11000	INTESTINAL ACQUISITION	4,037,078	0	4,037,078			110.00	
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00	
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	17,241,728	17,241,728			116.00	
200.00		Subtotal (see instructions)	4,074,389,310	3,167,236,730	7,241,626,040			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	4,074,389,310	3,167,236,730	7,241,626,040			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 3/30/2017 3:09 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 61C			34.02
34.03	03402	UH NS 31C			34.03
34.04	03403	RH PED 1C			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128265		50.00
50.01	05001	ENDOSCOPY	0.144548		50.01
51.00	05100	RECOVERY ROOM	0.129666		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258704		52.00
53.00	05300	ANESTHESIOLOGY	0.089435		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.169243		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138580		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.096582		55.00
56.00	05600	RADIOISOTOPE	0.104882		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.065192		59.00
60.00	06000	LABORATORY	0.128665		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.225778		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.148511		63.00
65.00	06500	RESPIRATORY THERAPY	0.253387		65.00
66.00	06600	PHYSICAL THERAPY	0.305971		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.315162		67.00
68.00	06800	SPEECH PATHOLOGY	0.339047		68.00
69.00	06900	ELECTROCARDIOLOGY	0.066715		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158499		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.363208		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289998		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228818		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.874645		73.03
74.00	07400	RENAL DIALYSIS	0.298086		74.00
76.00	03020	RH NBN ECMO 1C	0.415349		76.00
76.01	03140	CARDIOLOGY	0.112633		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.725896		76.02
76.03	03950	CARDIAC CATH	0.063474		76.03
76.04	03951	DAY SURGERY	1.227981		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.06	03952	DAY SURGERY-RILEY	0.000000		76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03954	ECMO-ADULT	0.162981		76.08
76.97	07697	CARDIAC REHABILITATION	0.596744		76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.448500		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.371535		90.01
90.02	09002	IUSCC HEM/ONC	0.498570		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.277385		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.398928		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.150622		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.453519		90.07
90.08	09008	MOTILITY LAB	0.331918		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	0.000000		90.10
90.11	09023	SLEEP LAB	0.264666		90.11
90.12	09024	OP CARE ADULTS	41.243130		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	0.074455		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDI CS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.600954		90.17
90.18	09016	DERMATOLOGY CLINIC	0.388422		90.18
90.19	09017	INFUSION/HEM/ONC	0.137467		90.19
90.20	09025	IUMG - MH	1,454.200000		90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
90.21	09019 OP REHAB CLINIC	0.503857			90.21
90.22	09020 EATING DISORDERS CLINIC	0.601886			90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.699041			90.23
90.24	09021 LIFE CARE CLINIC	0.000000			90.24
91.00	09100 EMERGENCY	0.086593			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.435750			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.147567			94.00
95.00	09500 AMBULANCE SERVICES	0.321238			95.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
112.00	08600 OTHER ORGAN ACQUISITION				112.00
112.01	08601 POST TRANSPLANT EXPENSES				112.01
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part II Date/Time Prepared: 3/30/2017 3:09 pm		
Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	103,401,237	19,470,235	83,931,002	0	0	50.00	
50.01	05001	ENDOSCOPY	3,866,130	701,378	3,164,752	0	0	50.01	
51.00	05100	RECOVERY ROOM	15,430,675	1,342,656	14,088,019	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,541,013	839,334	14,701,679	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	5,765,631	872,698	4,892,933	0	0	53.00	
53.01	05301	PULMONARY FUNCTION TESTING	5,601,525	527,527	5,073,998	0	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,205,444	14,277,789	64,927,655	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	13,041,762	2,116,362	10,925,400	0	0	55.00	
56.00	05600	RADIOISOTOPE	3,319,383	938,749	2,380,634	0	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	3,343,272	1,115,354	2,227,918	0	0	59.00	
60.00	06000	LABORATORY	91,788,217	10,852,627	80,935,590	0	0	60.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	3,950,435	108,702	3,841,733	0	0	60.01	
60.02	06002	BONE MARROW TRANSPLANT LAB	1,930	1,772	158	0	0	60.02	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,701,316	238,104	17,463,212	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	31,710,334	1,630,963	30,079,371	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	21,796,022	962,163	20,833,859	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	4,383,754	210,694	4,173,060	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	6,021,735	618,348	5,403,387	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	6,462,724	865,700	5,597,024	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	7,634,094	753,881	6,880,213	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,742,429	693,541	72,048,888	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	132,444,714	916,298	131,528,416	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	247,939,457	3,300,741	244,638,716	0	0	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	82,750,990	461,274	82,289,716	0	0	73.03	
74.00	07400	RENAL DIALYSIS	12,876,921	1,031,331	11,845,590	0	0	74.00	
76.00	03020	RH NBN ECMO IC	1,770,799	23,987	1,746,812	0	0	76.00	
76.01	03140	CARDIOLOGY	4,308,712	670,268	3,638,444	0	0	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,840,004	77,452	2,762,552	0	0	76.02	
76.03	03950	CARDIAC CATH	9,313,583	1,088,899	8,224,684	0	0	76.03	
76.04	03951	DAY SURGERY	6,337,316	376,945	5,960,371	0	0	76.04	
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05	
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06	
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07	
76.08	03954	ECMO-ADULT	1,198,971	4,220	1,194,751	0	0	76.08	
76.97	07697	CARDIAC REHABILITATION	1,308,439	260,629	1,047,810	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	6,175,204	16,028	6,159,176	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	AMB SVC-OB & GYN	3,750,435	464,506	3,285,929	0	0	90.01	
90.02	09002	IUSCC HEM/ONC	42,690,813	3,963,907	38,726,906	0	0	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	836,565	282,213	554,352	0	0	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	1,648,625	399,216	1,249,409	0	0	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05	
90.06	09006	OUTPATIENT SURGERY	3,581,596	323,187	3,258,409	0	0	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	6,000,699	703,822	5,296,877	0	0	90.07	
90.08	09008	MOTILITY LAB	302,271	64,671	237,600	0	0	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09	
90.10	09010	CLINICAL GERIATRICS	160,331	63,633	96,698	0	0	90.10	
90.11	09023	SLEEP LAB	4,638,687	341,672	4,297,015	0	0	90.11	
90.12	09024	OP CARE ADULTS	579,301	135,912	443,389	0	0	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13	
90.14	09012	ARTHRTIS CLINIC	376,932	7,462	369,470	0	0	90.14	
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15	
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16	
90.17	09015	PHYSICAL MEDICINE	1,749,567	193,758	1,555,809	0	0	90.17	
90.18	09016	DERMATOLOGY CLINIC	1,481,299	153,920	1,327,379	0	0	90.18	
90.19	09017	INFUSION/HEM/ONC	1,231,692	11,905	1,219,787	0	0	90.19	
90.20	09025	IUMG - MH	356,279	1,886	354,393	0	0	90.20	
90.21	09019	OP REHAB CLINIC	294,638	33,114	261,524	0	0	90.21	
90.22	09020	EATING DISORDERS CLINIC	1,621,358	32,118	1,589,240	0	0	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	1,420,813	163,125	1,257,688	0	0	90.23	
90.24	09021	LIFE CARE CLINIC	1,761,004	68,635	1,692,369	0	0	90.24	
91.00	09100	EMERGENCY	42,046,151	2,501,606	39,544,545	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	19,518,676	1,434,818	18,083,858	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	2,307,332	251,069	2,056,263	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	30,050,566	3,016,153	27,034,413	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	48,003,916	573,463	47,430,453	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	12,534,681	269,120	12,265,561	0	0	105.00	

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

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
106.00	10600	HEART ACQUISITION	1,662,549	26,631	1,635,918	0	0	106.00
107.00	10700	LIVER ACQUISITION	10,645,832	173,688	10,472,144	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,167,569	67,986	5,099,583	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,865,945	56,363	2,809,582	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1,238,111	13,783	1,224,328	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION	560,880	231,654	329,226	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,379,960	162,102	5,217,858	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,895,406	152,158	7,743,248	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,286,334,651	83,705,905	1,202,628,746	0	0	200.00
201.00		Less Observation Beds	19,518,676	1,434,818	18,083,858	0	0	201.00
202.00		Total (line 200 minus line 201)	1,266,815,975	82,271,087	1,184,544,888	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 3/30/2017 3:09 pm
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	103,401,237	806,154,245	0.128265	50.00
50.01	05001	ENDOSCOPY	3,866,130	26,746,375	0.144548	50.01
51.00	05100	RECOVERY ROOM	15,430,675	119,003,509	0.129666	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,541,013	60,072,546	0.258704	52.00
53.00	05300	ANESTHESIOLOGY	5,765,631	64,467,117	0.089435	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,601,525	33,097,492	0.169243	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,205,444	571,552,216	0.138580	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,041,762	135,033,643	0.096582	55.00
56.00	05600	RADIOISOTOPE	3,319,383	31,648,618	0.104882	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,343,272	51,283,843	0.065192	59.00
60.00	06000	LABORATORY	91,788,217	713,391,678	0.128665	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,950,435	17,497,003	0.225778	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,930	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,701,316	119,191,782	0.148511	63.00
65.00	06500	RESPIRATORY THERAPY	31,710,334	125,145,639	0.253387	65.00
66.00	06600	PHYSICAL THERAPY	21,796,022	71,235,503	0.305971	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,383,754	13,909,524	0.315162	67.00
68.00	06800	SPEECH PATHOLOGY	6,021,735	17,760,749	0.339047	68.00
69.00	06900	ELECTROCARDIOLOGY	6,462,724	96,870,404	0.066715	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,634,094	48,165,076	0.158499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,742,429	200,277,703	0.363208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	132,444,714	456,709,024	0.289998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,939,457	1,083,566,950	0.228818	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	82,750,990	94,610,955	0.874645	73.03
74.00	07400	RENAL DIALYSIS	12,876,921	43,198,712	0.298086	74.00
76.00	03020	RH NBN ECMO IC	1,770,799	4,263,398	0.415349	76.00
76.01	03140	CARDIOLOGY	4,308,712	38,254,566	0.112633	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,840,004	3,912,411	0.725896	76.02
76.03	03950	CARDIAC CATH	9,313,583	146,730,791	0.063474	76.03
76.04	03951	DAY SURGERY	6,337,316	5,160,760	1.227981	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	1,198,971	7,356,528	0.162981	76.08
76.97	07697	CARDIAC REHABILITATION	1,308,439	2,192,631	0.596744	76.97
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	6,175,204	4,263,171	1.448500	89.00
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	3,750,435	10,094,442	0.371535	90.01
90.02	09002	IUSCC HEM/ONC	42,690,813	85,626,517	0.498570	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	836,565	3,015,898	0.277385	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,648,625	4,132,642	0.398928	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	3,581,596	23,778,757	0.150622	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,000,699	13,231,417	0.453519	90.07
90.08	09008	MOTILITY LAB	302,271	910,680	0.331918	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	160,331	0	0.000000	90.10
90.11	09023	SLEEP LAB	4,638,687	17,526,590	0.264666	90.11
90.12	09024	OP CARE ADULTS	579,301	14,046	41.243130	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	90.13
90.14	09012	ARTHRTIS CLINIC	376,932	5,062,533	0.074455	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	1,749,567	1,092,828	1.600954	90.17
90.18	09016	DERMATOLOGY CLINIC	1,481,299	3,813,634	0.388422	90.18
90.19	09017	INFUSION/HEM/ONC	1,231,692	8,959,886	0.137467	90.19
90.20	09025	IUMG - MH	356,279	245	1,454.200000	90.20
90.21	09019	OP REHAB CLINIC	294,638	584,765	0.503857	90.21
90.22	09020	EATING DISORDERS CLINIC	1,621,358	2,693,794	0.601886	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,420,813	526,414	2.699041	90.23
90.24	09021	LIFE CARE CLINIC	1,761,004	0	0.000000	90.24
91.00	09100	EMERGENCY	42,046,151	485,561,348	0.086593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,518,676	44,793,241	0.435750	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,307,332	15,635,782	0.147567	94.00
95.00	09500	AMBULANCE SERVICES	30,050,566	93,546,194	0.321238	95.00
101.00	10100	HOME HEALTH AGENCY	48,003,916	100,523,651	0.477539	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	12,534,681	32,942,002	0.380508	105.00

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

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description			Title XIX			Hospital	PPS
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
106.00	10600	HEART ACQUISITION	1,662,549	4,880,836	0.340628		106.00
107.00	10700	LIVER ACQUISITION	10,645,832	37,632,937	0.282886		107.00
108.00	10800	LUNG ACQUISITION	5,167,569	14,800,080	0.349158		108.00
109.00	10900	PANCREAS ACQUISITION	2,865,945	9,574,572	0.299329		109.00
110.00	11000	INTESTINAL ACQUISITION	1,238,111	4,037,078	0.306685		110.00
112.00	08600	OTHER ORGAN ACQUISITION	560,880	0	0.000000		112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,379,960	0	0.000000		112.01
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	7,895,406	17,241,728	0.457924		116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,286,334,651	6,254,959,099			200.00
201.00		Less Observation Beds	19,518,676	0			201.00
202.00		Total (line 200 minus line 201)	1,266,815,975	6,254,959,099			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,644,793	0	17,644,793	243,848	72.36	30.00
31.00	INTENSIVE CARE UNIT	1,148,472		1,148,472	19,470	58.99	31.00
32.00	CORONARY CARE UNIT	1,133,742		1,133,742	16,819	67.41	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	3,104,365		3,104,365	28,628	108.44	32.01
33.00	BURN INTENSIVE CARE UNIT	963,674		963,674	2,304	418.26	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	119,619		119,619	3,862	30.97	34.02
34.03	UH NS 3IC	3		3	0	0.00	34.03
34.04	RH PED IC	1,034,404		1,034,404	8,213	125.95	34.04
34.05	TRANSPLANT ICU	209,133		209,133	2,202	94.97	34.05
34.06	PEDS CANCER CARE	1,257,921		1,257,921	3,029	415.29	34.06
40.00	SUBPROVIDER - 1PF	396,785	0	396,785	6,632	59.83	40.00
43.00	NURSERY	354,459		354,459	6,013	58.95	43.00
200.00	Total (lines 30-199)	27,367,370		27,367,370	341,020		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	70,897	5,130,107	30.00
31.00	INTENSIVE CARE UNIT	6,637	391,517	31.00
32.00	CORONARY CARE UNIT	5,090	343,117	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0	32.01
33.00	BURN INTENSIVE CARE UNIT	2	837	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 6IC	1,727	53,485	34.02
34.03	UH NS 3IC	0	0	34.03
34.04	RH PED IC	72	9,068	34.04
34.05	TRANSPLANT ICU	577	54,798	34.05
34.06	PEDS CANCER CARE	223	92,610	34.06
40.00	SUBPROVIDER - 1PF	1,668	99,796	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	86,893	6,175,335	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 3/30/2017 3:09 pm	
Title XVIII				Hospital	PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,470,235	806,154,245	0.024152	146,502,593	3,538,331	50.00
50.01	05001 ENDOSCOPY	701,378	26,746,375	0.026223	6,447,508	169,073	50.01
51.00	05100 RECOVERY ROOM	1,342,656	119,003,509	0.011282	15,906,752	179,460	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	839,334	60,072,546	0.013972	686,873	9,597	52.00
53.00	05300 ANESTHESIOLOGY	872,698	64,467,117	0.013537	11,641,489	157,591	53.00
53.01	05301 PULMONARY FUNCTION TESTING	527,527	33,097,492	0.015939	350,745	5,591	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,277,789	571,552,216	0.024981	76,730,694	1,916,809	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,116,362	135,033,643	0.015673	2,177,482	34,128	55.00
56.00	05600 RADIOISOTOPE	938,749	31,648,618	0.029662	2,775,966	82,341	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,115,354	51,283,843	0.021749	7,338,749	159,610	59.00
60.00	06000 LABORATORY	10,852,627	713,391,678	0.015213	112,138,057	1,705,956	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	108,702	17,497,003	0.006213	743,470	4,619	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	1,772	0	0.000000	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	238,104	119,191,782	0.001998	22,380,297	44,716	63.00
65.00	06500 RESPIRATORY THERAPY	1,630,963	125,145,639	0.013033	26,569,496	346,280	65.00
66.00	06600 PHYSICAL THERAPY	962,163	71,235,503	0.013507	17,683,278	238,848	66.00
67.00	06700 OCCUPATIONAL THERAPY	210,694	13,909,524	0.015147	2,347,493	35,557	67.00
68.00	06800 SPEECH PATHOLOGY	618,348	17,760,749	0.034815	1,888,966	65,764	68.00
69.00	06900 ELECTROCARDIOLOGY	865,700	96,870,404	0.008937	19,508,358	174,346	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	753,881	48,165,076	0.015652	8,093,900	126,686	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	693,541	200,277,703	0.003463	37,760,748	130,765	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	916,298	456,709,024	0.002006	107,680,107	216,006	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,300,741	1,083,566,950	0.003046	149,601,342	455,686	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	461,274	94,610,955	0.004875	0	0	73.03
74.00	07400 RENAL DIALYSIS	1,031,331	43,198,712	0.023874	7,642,098	182,447	74.00
76.00	03020 RH NBN ECMO IIC	23,987	4,263,398	0.005626	0	0	76.00
76.01	03140 RADIOLOGY	670,268	38,254,566	0.017521	4,564,100	79,968	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,452	3,912,411	0.019796	45,448	900	76.02
76.03	03950 CARDIAC CATH	1,088,899	146,730,791	0.007421	19,030,278	141,224	76.03
76.04	03951 DAY SURGERY	376,945	5,160,760	0.073041	194,365	14,197	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954 ECMO-ADULT	4,220	7,356,528	0.000574	1,355,354	778	76.08
76.97	07697 CARDIAC REHABILITATION	260,629	2,192,631	0.118866	486	58	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	16,028	4,263,171	0.003760	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	464,506	10,094,442	0.046016	9,947	458	90.01
90.02	09002 IUSCC HEM/ONC	3,963,907	85,626,517	0.046293	475,831	22,028	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	282,213	3,015,898	0.093575	4,893	458	90.03
90.04	09004 AMB SVC-PSYCH ADULT	399,216	4,132,642	0.096601	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	323,187	23,778,757	0.013591	4,285,680	58,247	90.06
90.07	09007 AMB SVC-RILEY CLINICS	703,822	13,231,417	0.053193	3,574	190	90.07
90.08	09008 MOTILITY LAB	64,671	910,680	0.071014	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	63,633	0	0.000000	0	0	90.10
90.11	09023 SLEEP LAB	341,672	17,526,590	0.019494	4,868	95	90.11
90.12	09024 OP CARE ADULTS	135,912	14,046	9.676207	89	861	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012 ARTHRITIS CLINIC	7,462	5,062,533	0.001474	2,220	3	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	193,758	1,092,828	0.177300	3,613	641	90.17
90.18	09016 DERMATOLOGY CLINIC	153,920	3,813,634	0.040360	3,174	128	90.18
90.19	09017 INFUSION/HEM/ONC	11,905	8,959,886	0.001329	6,975	9	90.19
90.20	09025 IUMG - MH	1,886	245	7.697959	0	0	90.20
90.21	09019 OP REHAB CLINIC	33,114	584,765	0.056628	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	32,118	2,693,794	0.011923	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	163,125	526,414	0.309880	5,062	1,569	90.23
90.24	09021 LIFE CARE CLINIC	68,635	0	0.000000	0	0	90.24
91.00	09100 EMERGENCY	2,501,606	485,561,348	0.005152	40,418,485	208,236	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,434,818	44,793,241	0.032032	720,553	23,081	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	251,069	15,635,782	0.016057	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	78,962,804	5,939,780,021		855,731,456	10,533,336	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description			Title XVIII				Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	793,051	0	0	793,051	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	69,811	0	0	69,811	31.00		
32.00	03200	CORONARY CARE UNIT	0	62,199	0	0	62,199	32.00		
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	102,989	0	0	102,989	32.01		
33.00	03300	BURN INTENSIVE CARE UNIT	0	8,197	0	0	8,197	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00		
34.02	03401	UH SURG 61C	0	13,935	0	0	13,935	34.02		
34.03	03402	UH NS 31C	0	0	0	0	0	34.03		
34.04	03403	RH PED IC	0	30,261	0	0	30,261	34.04		
34.05	03404	TRANSPLANT ICU	0	7,843	0	0	7,843	34.05		
34.06	03407	PEDS CANCER CARE	0	10,956	0	0	10,956	34.06		
40.00	04000	SUBPROVIDER - IPF	0	23,292	0	0	23,292	40.00		
43.00	04300	NURSERY	0	21,114	0	0	21,114	43.00		
200.00		Total (lines 30-199)	0	1,143,648	0	0	1,143,648	200.00		
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
			6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	243,848	3.25	70,897	230,415		30.00		
31.00	03100	INTENSIVE CARE UNIT	19,470	3.59	6,637	23,827		31.00		
32.00	03200	CORONARY CARE UNIT	16,819	3.70	5,090	18,833		32.00		
32.01	03201	NEONATAL INTENSIVE CARE UNIT	28,628	3.60	0	0		32.01		
33.00	03300	BURN INTENSIVE CARE UNIT	2,304	3.56	2	7		33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00		
34.02	03401	UH SURG 61C	3,862	3.61	1,727	6,234		34.02		
34.03	03402	UH NS 31C	0	0.00	0	0		34.03		
34.04	03403	RH PED IC	8,213	3.68	72	265		34.04		
34.05	03404	TRANSPLANT ICU	2,202	3.56	577	2,054		34.05		
34.06	03407	PEDS CANCER CARE	3,029	3.62	223	807		34.06		
40.00	04000	SUBPROVIDER - IPF	6,632	3.51	1,668	5,855		40.00		
43.00	04300	NURSERY	6,013	3.51	0	0		43.00		
200.00		Total (lines 30-199)	341,020		86,893	288,297		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	495,021	0	495,021	50.00
50.01	05001	ENDOSCOPY	0	0	137	0	137	50.01
51.00	05100	RECOVERY ROOM	0	0	612	0	612	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,864	0	4,864	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	2	0	2	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,299,117	0	1,299,117	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	101	0	101	55.00
56.00	05600	RADIOISOTOPE	0	0	248	0	248	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	21	0	21	59.00
60.00	06000	LABORATORY	0	0	553,355	0	553,355	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	8	0	8	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	197,033	0	197,033	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3	0	3	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	50	0	50	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	35	0	35	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,356,321	0	2,356,321	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	1,085	0	1,085	74.00
76.00	03020	RH NBN ECMO IC	0	0	174	0	174	76.00
76.01	03140	CARDIOLOGY	0	0	266	0	266	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0	0	310	0	310	76.03
76.04	03951	DAY SURGERY	0	0	535	0	535	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	12	0	12	90.01
90.02	09002	IUSCC HEM/ONC	0	0	5,045	0	5,045	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	2	0	2	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	4	0	4	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	676	0	676	90.07
90.08	09008	MOTILITY LAB	0	0	1	0	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRTIS CLINIC	0	0	41	0	41	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	17	0	17	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	298	0	298	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	1	0	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	1	0	1	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	346,426	0	346,426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	64,490	0	64,490	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	243	0	243	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	5,326,555	0	5,326,555	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	495,021	806,154,245	0.000614	0.000614	146,502,593	50.00
50.01	05001 ENDOSCOPY	137	26,746,375	0.000005	0.000005	6,447,508	50.01
51.00	05100 RECOVERY ROOM	612	119,003,509	0.000005	0.000005	15,906,752	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	60,072,546	0.000000	0.000000	686,873	52.00
53.00	05300 ANESTHESIOLOGY	4,864	64,467,117	0.000075	0.000075	11,641,489	53.00
53.01	05301 PULMONARY FUNCTION TESTING	2	33,097,492	0.000000	0.000000	350,745	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,299,117	571,552,216	0.002273	0.002273	76,730,694	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	101	135,033,643	0.000001	0.000001	2,177,482	55.00
56.00	05600 RADIOISOTOPE	248	31,648,618	0.000008	0.000008	2,775,966	56.00
59.00	05900 CARDIAC CATHETERIZATION	21	51,283,843	0.000000	0.000000	7,338,749	59.00
60.00	06000 LABORATORY	553,355	713,391,678	0.000776	0.000776	112,138,057	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	17,497,003	0.000000	0.000000	743,470	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0.000000	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	8	119,191,782	0.000000	0.000000	22,380,297	63.00
65.00	06500 RESPIRATORY THERAPY	197,033	125,145,639	0.001574	0.001574	26,569,496	65.00
66.00	06600 PHYSICAL THERAPY	3	71,235,503	0.000000	0.000000	17,683,278	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,909,524	0.000000	0.000000	2,347,493	67.00
68.00	06800 SPEECH PATHOLOGY	50	17,760,749	0.000003	0.000003	1,888,966	68.00
69.00	06900 ELECTROCARDIOLOGY	35	96,870,404	0.000000	0.000000	19,508,358	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	48,165,076	0.000000	0.000000	8,093,900	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	200,277,703	0.000000	0.000000	37,760,748	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	456,709,024	0.000000	0.000000	107,680,107	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,356,321	1,083,566,950	0.002175	0.002175	149,601,342	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	94,610,955	0.000000	0.000000	0	73.03
74.00	07400 RENAL DIALYSIS	1,085	43,198,712	0.000025	0.000025	7,642,098	74.00
76.00	03020 RH NBN ECMO IIC	174	4,263,398	0.000041	0.000041	0	76.00
76.01	03140 RADIOLOGY	266	38,254,566	0.000007	0.000007	4,564,100	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,912,411	0.000000	0.000000	45,448	76.02
76.03	03950 CARDIAC CATH	310	146,730,791	0.000002	0.000002	19,030,278	76.03
76.04	03951 DAY SURGERY	535	5,160,760	0.000104	0.000104	194,365	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03954 ECMO-ADULT	0	7,356,528	0.000000	0.000000	1,355,354	76.08
76.97	07697 CARDIAC REHABILITATION	0	2,192,631	0.000000	0.000000	486	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	4,263,171	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 AMB SVC-OB & GYN	12	10,094,442	0.000001	0.000001	9,947	90.01
90.02	09002 IUSCC HEM/ONC	5,045	85,626,517	0.000059	0.000059	475,831	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	2	3,015,898	0.000001	0.000001	4,893	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	4,132,642	0.000000	0.000000	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006 OUTPATIENT SURGERY	4	23,778,757	0.000000	0.000000	4,285,680	90.06
90.07	09007 AMB SVC-RILEY CLINICS	676	13,231,417	0.000051	0.000051	3,574	90.07
90.08	09008 MOTILITY LAB	1	910,680	0.000001	0.000001	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000	0.000000	0	90.10
90.11	09023 SLEEP LAB	0	17,526,590	0.000000	0.000000	4,868	90.11
90.12	09024 OP CARE ADULTS	0	14,046	0.000000	0.000000	89	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012 ARTHRITIS CLINIC	41	5,062,533	0.000008	0.000008	2,220	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015 PHYSICAL MEDICINE	17	1,092,828	0.000016	0.000016	3,613	90.17
90.18	09016 DERMATOLOGY CLINIC	0	3,813,634	0.000000	0.000000	3,174	90.18
90.19	09017 INFUSION/HEM/ONC	298	8,959,886	0.000033	0.000033	6,975	90.19
90.20	09025 IUMG - MH	0	245	0.000000	0.000000	0	90.20
90.21	09019 OP REHAB CLINIC	1	584,765	0.000002	0.000002	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0	2,693,794	0.000000	0.000000	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	1	526,414	0.000002	0.000002	5,062	90.23
90.24	09021 LIFE CARE CLINIC	0	0	0.000000	0.000000	0	90.24
91.00	09100 EMERGENCY	346,426	485,561,348	0.000713	0.000713	40,418,485	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	64,490	44,793,241	0.001440	0.001440	720,553	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	243	15,635,782	0.000016	0.000016	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
200.00	Total (lines 50-199)	5,326,555	5,939,780,021			855,731,456	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	89,953	49,510,808	30,400		50.00
50.01	05001 ENDOSCOPY	32	2,813,871	14		50.01
51.00	05100 RECOVERY ROOM	80	12,744,772	64		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	59,935	0		52.00
53.00	05300 ANESTHESIOLOGY	873	2,983,085	224		53.00
53.01	05301 PULMONARY FUNCTION TESTING	0	3,728,175	0		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	174,409	73,690,154	167,498		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2	37,452,527	37		55.00
56.00	05600 RADIOISOTOPE	22	5,098,607	41		56.00
59.00	05900 CARDIAC CATHETERIZATION	0	11,327,953	0		59.00
60.00	06000 LABORATORY	87,019	38,244,840	29,678		60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	972,331	0		60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0		60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,939,028	0		63.00
65.00	06500 RESPIRATORY THERAPY	41,820	468,928	738		65.00
66.00	06600 PHYSICAL THERAPY	0	467,661	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,249	0		67.00
68.00	06800 SPEECH PATHOLOGY	6	1,026,944	3		68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,758,000	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,852,893	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,320,750	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	37,487,227	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	325,383	160,598,483	349,302		73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400 RENAL DIALYSIS	191	523,291	13		74.00
76.00	03020 RH NBN ECMO I C	0	0	0		76.00
76.01	03140 RADIOLOGY	32	9,217,056	65		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	887,432	0		76.02
76.03	03950 CARDIAC CATH	38	18,013,905	36		76.03
76.04	03951 DAY SURGERY	20	1,235,052	128		76.04
76.05	03480 ONCOLOGY	0	0	0		76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0		76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0		76.07
76.08	03954 ECMO-ADULT	0	0	0		76.08
76.97	07697 CARDIAC REHABILITATION	0	925,181	0		76.97
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 AMB SVC-OB & GYN	0	254,548	0		90.01
90.02	09002 IUSCC HEM/ONC	28	34,401,882	2,030		90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	1,057,180	1		90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	320,802	0		90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006 OUTPATIENT SURGERY	0	5,892,233	0		90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	45,648	2		90.07
90.08	09008 MOTILITY LAB	0	6,674	0		90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023 SLEEP LAB	0	3,757,281	0		90.11
90.12	09024 OP CARE ADULTS	0	3,464	0		90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012 ARTHRITIS CLINIC	0	2,585,529	21		90.14
90.15	09013 NEUROLOGY UH	0	0	0		90.15
90.16	09014 ORTHOPEDICS UH	0	0	0		90.16
90.17	09015 PHYSICAL MEDICINE	0	445,028	7		90.17
90.18	09016 DERMATOLOGY CLINIC	0	979,683	0		90.18
90.19	09017 INFUSION/HEM/ONC	0	2,897,745	96		90.19
90.20	09025 IUMG - MH	0	0	0		90.20
90.21	09019 OP REHAB CLINIC	0	1,372	0		90.21
90.22	09020 EATING DISORDERS CLINIC	0	14,658	0		90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	327,914	1		90.23
90.24	09021 LIFE CARE CLINIC	0	0	0		90.24
91.00	09100 EMERGENCY	28,818	43,810,809	31,237		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,038	5,049,313	7,271		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
200.00	Total (lines 50-199)	749,764	617,207,901	618,907		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 3/30/2017 3:09 pm			
Title XVIII			Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.128265	49,510,808	0	0	6,350,504	50.00
50.01	05001	ENDOSCOPY	0.144548	2,813,871	0	0	406,739	50.01
51.00	05100	RECOVERY ROOM	0.129666	12,744,772	0	0	1,652,564	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258704	59,935	0	0	15,505	52.00
53.00	05300	ANESTHESIOLOGY	0.089435	2,983,085	0	0	266,792	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.169243	3,728,175	0	0	630,968	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138580	73,690,154	229	0	10,211,982	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.096582	37,452,527	0	0	3,617,240	55.00
56.00	05600	RADIOISOTOPE	0.104882	5,098,607	0	0	534,752	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.065192	11,327,953	0	0	738,492	59.00
60.00	06000	LABORATORY	0.128665	38,244,840	240,608	0	4,920,772	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.225778	972,331	0	0	219,531	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.148511	2,939,028	0	0	436,478	63.00
65.00	06500	RESPIRATORY THERAPY	0.253387	468,928	0	0	118,820	65.00
66.00	06600	PHYSICAL THERAPY	0.305971	467,661	0	0	143,091	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.315162	7,249	0	0	2,285	67.00
68.00	06800	SPEECH PATHOLOGY	0.339047	1,026,944	0	0	348,182	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066715	17,758,000	0	0	1,184,725	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158499	1,852,893	0	0	293,682	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.363208	23,320,750	330	0	8,470,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289998	37,487,227	0	0	10,871,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228818	160,598,483	98,596	793,416	36,747,824	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.874645	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.298086	523,291	0	0	155,986	74.00
76.00	03020	RH NBN ECMO IC	0.415349	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.112633	9,217,056	0	0	1,038,145	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.725896	887,432	0	0	644,183	76.02
76.03	03950	CARDIAC CATH	0.063474	18,013,905	0	0	1,143,415	76.03
76.04	03951	DAY SURGERY	1.227981	1,235,052	0	0	1,516,620	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.162981	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.596744	925,181	0	0	552,096	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.371535	254,548	0	0	94,573	90.01
90.02	09002	IUSCC HEM/ONC	0.498570	34,401,882	0	0	17,151,746	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.277385	1,057,180	0	0	293,246	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.398928	320,802	0	0	127,977	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.150622	5,892,233	0	0	887,500	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.453519	45,648	0	0	20,702	90.07
90.08	09008	MOTILITY LAB	0.331918	6,674	0	0	2,215	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.264666	3,757,281	0	0	994,425	90.11
90.12	09024	OP CARE ADULTS	41.243130	3,464	0	0	142,866	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.074455	2,585,529	0	0	192,506	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.600954	445,028	0	0	712,469	90.17
90.18	09016	DERMATOLOGY CLINIC	0.388422	979,683	0	0	380,530	90.18
90.19	09017	INFUSION/HEM/ONC	0.137467	2,897,745	0	0	398,344	90.19
90.20	09025	IUMG - MH	1,454.200000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.503857	1,372	0	0	691	90.21
90.22	09020	EATING DISORDERS CLINIC	0.601886	14,658	0	0	8,822	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.699041	327,914	0	0	885,053	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.086593	43,810,809	0	0	3,793,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.435750	5,049,313	1,898	0	2,200,238	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.147567	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.321238	0	0	0	0	95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 3/30/2017 3:09 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00	
200.00	Subtotal (see instructions)		617,207,901	341,661	793,416	121,520,489	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		617,207,901	341,661	793,416	121,520,489	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 3/30/2017 3:09 pm
			Title XVIII		Hospital	PPS
Cost Center Description	Costs		6.00	7.00		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	30,958	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	120	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,561	181,548		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03140	CARDIOLOGY	0	0		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03	03950	CARDIAC CATH	0	0		76.03
76.04	03951	DAY SURGERY	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.06	03952	DAY SURGERY-RILEY	0	0		76.06
76.07	03953	CARDIOLOGY-RILEY	0	0		76.07
76.08	03954	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRTIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
90.24	09021	LIFE CARE CLINIC	0	0		90.24
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	827	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
200.00	Subtotal (see instructions)	6.00	7.00		
201.00	Less PBP Clinic Lab. Services-Program Only Charges	54,498	181,548		200.00
202.00	Net Charges (line 200 +/- line 201)	0			201.00
		54,498	181,548		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 3/30/2017 3:09 pm		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,470,235	806,154,245	0.024152	0	0	50.00
50.01	05001	ENDOSCOPY	701,378	26,746,375	0.026223	16,960	445	50.01
51.00	05100	RECOVERY ROOM	1,342,656	119,003,509	0.011282	16,503	186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	839,334	60,072,546	0.013972	0	0	52.00
53.00	05300	ANESTHESIOLOGY	872,698	64,467,117	0.013537	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	527,527	33,097,492	0.015939	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,277,789	571,552,216	0.024981	119,076	2,975	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,116,362	135,033,643	0.015673	0	0	55.00
56.00	05600	RADIOISOTOPE	938,749	31,648,618	0.029662	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,115,354	51,283,843	0.021749	345	8	59.00
60.00	06000	LABORATORY	10,852,627	713,391,678	0.015213	359,039	5,462	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	108,702	17,497,003	0.006213	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,772	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	238,104	119,191,782	0.001998	781	2	63.00
65.00	06500	RESPIRATORY THERAPY	1,630,963	125,145,639	0.013033	14,188	185	65.00
66.00	06600	PHYSICAL THERAPY	962,163	71,235,503	0.013507	46,707	631	66.00
67.00	06700	OCCUPATIONAL THERAPY	210,694	13,909,524	0.015147	3,355	51	67.00
68.00	06800	SPEECH PATHOLOGY	618,348	17,760,749	0.034815	2,728	95	68.00
69.00	06900	ELECTROCARDIOLOGY	865,700	96,870,404	0.008937	46,013	411	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	753,881	48,165,076	0.015652	5,031	79	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	693,541	200,277,703	0.003463	3,566	12	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	916,298	456,709,024	0.002006	26,355	53	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,300,741	1,083,566,950	0.003046	556,012	1,694	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	461,274	94,610,955	0.004875	0	0	73.03
74.00	07400	RENAL DIALYSIS	1,031,331	43,198,712	0.023874	27,924	667	74.00
76.00	03020	RH NBN ECMO IC	23,987	4,263,398	0.005626	0	0	76.00
76.01	03140	CARDIOLOGY	670,268	38,254,566	0.017521	11,739	206	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,452	3,912,411	0.019796	447,304	8,855	76.02
76.03	03950	CARDIAC CATH	1,088,899	146,730,791	0.007421	0	0	76.03
76.04	03951	DAY SURGERY	376,945	5,160,760	0.073041	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954	ECMO-ADULT	4,220	7,356,528	0.000574	4	0	76.08
76.97	07697	CARDIAC REHABILITATION	260,629	2,192,631	0.118866	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	16,028	4,263,171	0.003760	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	464,506	10,094,442	0.046016	0	0	90.01
90.02	09002	IUSCC HEM/ONC	3,963,907	85,626,517	0.046293	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	282,213	3,015,898	0.093575	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	399,216	4,132,642	0.096601	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	323,187	23,778,757	0.013591	2,199	30	90.06
90.07	09007	AMB SVC-RILEY CLINICS	703,822	13,231,417	0.053193	0	0	90.07
90.08	09008	MOTILITY LAB	64,671	910,680	0.071014	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	63,633	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	341,672	17,526,590	0.019494	0	0	90.11
90.12	09024	OP CARE ADULTS	135,912	14,046	9.676207	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	7,462	5,062,533	0.001474	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	193,758	1,092,828	0.177300	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	153,920	3,813,634	0.040360	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	11,905	8,959,886	0.001329	0	0	90.19
90.20	09025	IUMG - MH	1,886	245	7.697959	0	0	90.20
90.21	09019	OP REHAB CLINIC	33,114	584,765	0.056628	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	32,118	2,693,794	0.011923	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	163,125	526,414	0.309880	0	0	90.23
90.24	09021	LIFE CARE CLINIC	68,635	0	0.000000	0	0	90.24
91.00	09100	EMERGENCY	2,501,606	485,561,348	0.005152	233,469	1,203	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	44,793,241	0.000000	18,848	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	251,069	15,635,782	0.016057	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	77,527,986	5,939,780,021		1,958,142	23,250	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/30/2017 3:09 pm
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	495,021	0	495,021	50.00
50.01	05001 ENDOSCOPY	0	0	137	0	137	50.01
51.00	05100 RECOVERY ROOM	0	0	612	0	612	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	4,864	0	4,864	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0	0	2	0	2	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	1,299,117	0	1,299,117	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	101	0	101	55.00
56.00	05600 RADIOISOTOPE	0	0	248	0	248	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	21	0	21	59.00
60.00	06000 LABORATORY	0	0	553,355	0	553,355	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	8	0	8	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	197,033	0	197,033	65.00
66.00	06600 PHYSICAL THERAPY	0	0	3	0	3	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	50	0	50	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	35	0	35	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	2,356,321	0	2,356,321	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0	0	1,085	0	1,085	74.00
76.00	03020 RH NBN ECMO IC	0	0	174	0	174	76.00
76.01	03140 CARDIOLOGY	0	0	266	0	266	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0	0	310	0	310	76.03
76.04	03951 DAY SURGERY	0	0	535	0	535	76.04
76.05	03480 ONCOLOGY	0	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0	0	12	0	12	90.01
90.02	09002 IUSCC HEM/ONC	0	0	5,045	0	5,045	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	2	0	2	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0	0	4	0	4	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	0	676	0	676	90.07
90.08	09008 MOTILITY LAB	0	0	1	0	1	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0	0	0	0	0	90.11
90.12	09024 OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012 ARTHRITIS CLINIC	0	0	41	0	41	90.14
90.15	09013 NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	0	0	17	0	17	90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	298	0	298	90.19
90.20	09025 IUMG - MH	0	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0	0	1	0	1	90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	0	1	0	1	90.23
90.24	09021 LIFE CARE CLINIC	0	0	0	0	0	90.24
91.00	09100 EMERGENCY	0	0	346,426	0	346,426	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	243	0	243	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	5,262,065	0	5,262,065	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 3/30/2017 3:09 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	495,021	806,154,245	0.000614	0.000614	0	50.00
50.01	05001 ENDOSCOPY	137	26,746,375	0.000005	0.000005	16,960	50.01
51.00	05100 RECOVERY ROOM	612	119,003,509	0.000005	0.000005	16,503	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	60,072,546	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	4,864	64,467,117	0.000075	0.000075	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	2	33,097,492	0.000000	0.000000	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,299,117	571,552,216	0.002273	0.002273	119,076	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	101	135,033,643	0.000001	0.000001	0	55.00
56.00	05600 RADIOISOTOPE	248	31,648,618	0.000008	0.000008	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	21	51,283,843	0.000000	0.000000	345	59.00
60.00	06000 LABORATORY	553,355	713,391,678	0.000776	0.000776	359,039	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	17,497,003	0.000000	0.000000	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000	0.000000	0	60.02
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	8	119,191,782	0.000000	0.000000	781	63.00
65.00	06500 RESPIRATORY THERAPY	197,033	125,145,639	0.001574	0.001574	14,188	65.00
66.00	06600 PHYSICAL THERAPY	3	71,235,503	0.000000	0.000000	46,707	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,909,524	0.000000	0.000000	3,355	67.00
68.00	06800 SPEECH PATHOLOGY	50	17,760,749	0.000003	0.000003	2,728	68.00
69.00	06900 ELECTROCARDIOLOGY	35	96,870,404	0.000000	0.000000	46,013	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	48,165,076	0.000000	0.000000	5,031	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	200,277,703	0.000000	0.000000	3,566	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	456,709,024	0.000000	0.000000	26,355	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,356,321	1,083,566,950	0.002175	0.002175	556,012	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	94,610,955	0.000000	0.000000	0	73.03
74.00	07400 RENAL DIALYSIS	1,085	43,198,712	0.000025	0.000025	27,924	74.00
76.00	03020 RH NBN ECMO IC	174	4,263,398	0.000041	0.000041	0	76.00
76.01	03140 RADIOLOGY	266	38,254,566	0.000007	0.000007	11,739	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,912,411	0.000000	0.000000	447,304	76.02
76.03	03950 CARDIAC CATH	310	146,730,791	0.000002	0.000002	0	76.03
76.04	03951 DAY SURGERY	535	5,160,760	0.000104	0.000104	0	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03954 ECMO-ADULT	0	7,356,528	0.000000	0.000000	0	76.08
76.97	07697 RADIOLOGY REHABILITATION	0	2,192,631	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	4,263,171	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 AMB SVC-OB & GYN	12	10,094,442	0.000001	0.000001	0	90.01
90.02	09002 IUSCC HEM/ONC	5,045	85,626,517	0.000059	0.000059	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	2	3,015,898	0.000001	0.000001	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	4,132,642	0.000000	0.000000	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006 OUTPATIENT SURGERY	4	23,778,757	0.000000	0.000000	2,199	90.06
90.07	09007 AMB SVC-RILEY CLINICS	676	13,231,417	0.000051	0.000051	0	90.07
90.08	09008 MOTILITY LAB	1	910,680	0.000001	0.000001	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0.000000	0.000000	0	90.10
90.11	09023 SLEEP LAB	0	17,526,590	0.000000	0.000000	0	90.11
90.12	09024 OP CARE ADULTS	0	14,046	0.000000	0.000000	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012 ARTHRITIS CLINIC	41	5,062,533	0.000008	0.000008	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015 PHYSICAL MEDICINE	17	1,092,828	0.000016	0.000016	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0	3,813,634	0.000000	0.000000	0	90.18
90.19	09017 INFUSION/HEM/ONC	298	8,959,886	0.000033	0.000033	0	90.19
90.20	09025 IUMG - MH	0	245	0.000000	0.000000	0	90.20
90.21	09019 OP REHAB CLINIC	1	584,765	0.000002	0.000002	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0	2,693,794	0.000000	0.000000	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	1	526,414	0.000002	0.000002	0	90.23
90.24	09021 LIFE CARE CLINIC	0	0	0.000000	0.000000	0	90.24
91.00	09100 EMERGENCY	346,426	485,561,348	0.000713	0.000713	233,469	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	44,793,241	0.000000	0.000000	18,848	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	243	15,635,782	0.000016	0.000016	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	5,262,065	5,939,780,021			1,958,142	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 3/30/2017 3:09 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0			50.00
50.01	05001 ENDOSCOPY	0	0	0			50.01
51.00	05100 RECOVERY ROOM	0	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0	0			53.00
53.01	05301 PULMONARY FUNCTION TESTING	0	0	0			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	271	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0	0			56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000 LABORATORY	279	0	0			60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	0			60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0			60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
65.00	06500 RESPIRATORY THERAPY	22	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,209	0	0			73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0			73.03
74.00	07400 RENAL DIALYSIS	1	0	0			74.00
76.00	03020 RH NBN ECMO IC	0	0	0			76.00
76.01	03140 RADIOLOGY	0	0	0			76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0			76.02
76.03	03950 CARDIAC CATH	0	0	0			76.03
76.04	03951 DAY SURGERY	0	0	0			76.04
76.05	03480 ONCOLOGY	0	0	0			76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0			76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0			76.07
76.08	03954 ECMO-ADULT	0	0	0			76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0			76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000 CLINIC	0	0	0			90.00
90.01	09001 AMB SVC-OB & GYN	0	0	0			90.01
90.02	09002 IUSCC HEM/ONC	0	0	0			90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0			90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	0	0			90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0			90.05
90.06	09006 OUTPATIENT SURGERY	0	0	0			90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	0	0			90.07
90.08	09008 MOTILITY LAB	0	0	0			90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0			90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0			90.10
90.11	09023 SLEEP LAB	0	0	0			90.11
90.12	09024 OP CARE ADULTS	0	0	0			90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0			90.13
90.14	09012 ARTHRITIS CLINIC	0	0	0			90.14
90.15	09013 NEUROLOGY UH	0	0	0			90.15
90.16	09014 ORTHOPEDICS UH	0	0	0			90.16
90.17	09015 PHYSICAL MEDICINE	0	0	0			90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	0			90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0			90.19
90.20	09025 IMG - MH	0	0	0			90.20
90.21	09019 OP REHAB CLINIC	0	0	0			90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	0			90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	0	0			90.23
90.24	09021 LIFE CARE CLINIC	0	0	0			90.24
91.00	09100 EMERGENCY	166	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0	0			95.00
200.00	Total (Lines 50-199)	1,948	0	0			200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,644,793	0	17,644,793	243,848	72.36	30.00
31.00	INTENSIVE CARE UNIT	1,148,472		1,148,472	19,470	58.99	31.00
32.00	CORONARY CARE UNIT	1,133,742		1,133,742	16,819	67.41	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	3,104,365		3,104,365	28,628	108.44	32.01
33.00	BURN INTENSIVE CARE UNIT	963,674		963,674	2,304	418.26	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 6IC	119,619		119,619	3,862	30.97	34.02
34.03	UH NS 3IC	3		3	0	0.00	34.03
34.04	RH PED IC	1,034,404		1,034,404	8,213	125.95	34.04
34.05	TRANSPLANT ICU	209,133		209,133	2,202	94.97	34.05
34.06	PEDS CANCER CARE	1,257,921		1,257,921	3,029	415.29	34.06
40.00	SUBPROVIDER - 1PF	396,785	0	396,785	6,632	59.83	40.00
43.00	NURSERY	354,459		354,459	6,013	58.95	43.00
200.00	Total (lines 30-199)	27,367,370		27,367,370	341,020		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	19,818	1,434,030	30.00
31.00	INTENSIVE CARE UNIT	849	50,083	31.00
32.00	CORONARY CARE UNIT	2,476	166,907	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	5,208	564,756	32.01
33.00	BURN INTENSIVE CARE UNIT	316	132,170	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 6IC	348	10,778	34.02
34.03	UH NS 3IC	0	0	34.03
34.04	RH PED IC	3,013	379,487	34.04
34.05	TRANSPLANT ICU	41	3,894	34.05
34.06	PEDS CANCER CARE	968	402,001	34.06
40.00	SUBPROVIDER - 1PF	2,084	124,686	40.00
43.00	NURSERY	4,794	282,606	43.00
200.00	Total (lines 30-199)	39,915	3,551,398	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,470,235	806,154,245	0.024152	35,973,995	868,844	50.00
50.01	05001 ENDOSCOPY	701,378	26,746,375	0.026223	1,167,849	30,625	50.01
51.00	05100 RECOVERY ROOM	1,342,656	119,003,509	0.011282	3,423,104	38,619	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	839,334	60,072,546	0.013972	7,735,065	108,074	52.00
53.00	05300 ANESTHESIOLOGY	872,698	64,467,117	0.013537	3,206,226	43,403	53.00
53.01	05301 PULMONARY FUNCTION TESTING	527,527	33,097,492	0.015939	809,124	12,897	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,277,789	571,552,216	0.024981	18,910,553	472,405	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,116,362	135,033,643	0.015673	502,333	7,873	55.00
56.00	05600 RADIOISOTOPE	938,749	31,648,618	0.029662	578,906	17,172	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,115,354	51,283,843	0.021749	219,372	4,771	59.00
60.00	06000 LABORATORY	10,852,627	713,391,678	0.015213	34,044,266	517,915	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	108,702	17,497,003	0.006213	114,427	711	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	1,772	0	0.000000	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	238,104	119,191,782	0.001998	8,203,585	16,391	63.00
65.00	06500 RESPIRATORY THERAPY	1,630,963	125,145,639	0.013033	18,448,493	240,439	65.00
66.00	06600 PHYSICAL THERAPY	962,163	71,235,503	0.013507	4,336,075	58,567	66.00
67.00	06700 OCCUPATIONAL THERAPY	210,694	13,909,524	0.015147	1,361,795	20,627	67.00
68.00	06800 SPEECH PATHOLOGY	618,348	17,760,749	0.034815	967,898	33,697	68.00
69.00	06900 ELECTROCARDIOLOGY	865,700	96,870,404	0.008937	4,582,009	40,949	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	753,881	48,165,076	0.015652	3,468,844	54,294	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	693,541	200,277,703	0.003463	8,192,696	28,371	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	916,298	456,709,024	0.002006	21,873,825	43,879	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,300,741	1,083,566,950	0.003046	48,622,501	148,104	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	461,274	94,610,955	0.004875	0	0	73.03
74.00	07400 RENAL DIALYSIS	1,031,331	43,198,712	0.023874	1,172,977	28,004	74.00
76.00	03020 RH NBN ECMO IC	23,987	4,263,398	0.005626	685,528	3,857	76.00
76.01	03140 RADIOLOGY	670,268	38,254,566	0.017521	599,612	10,506	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,452	3,912,411	0.019796	19,136	379	76.02
76.03	03950 CARDIAC CATH	1,088,899	146,730,791	0.007421	2,864,954	21,261	76.03
76.04	03951 DAY SURGERY	376,945	5,160,760	0.073041	19,512	1,425	76.04
76.05	03480 ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03954 ECMO-ADULT	4,220	7,356,528	0.000574	418,875	240	76.08
76.97	07697 CARDIAC REHABILITATION	260,629	2,192,631	0.118866	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	16,028	4,263,171	0.003760	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	464,506	10,094,442	0.046016	7,284	335	90.01
90.02	09002 IUSCC HEM/ONC	3,963,907	85,626,517	0.046293	54,751	2,535	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	282,213	3,015,898	0.093575	1,468	137	90.03
90.04	09004 AMB SVC-PSYCH ADULT	399,216	4,132,642	0.096601	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	323,187	23,778,757	0.013591	637,091	8,659	90.06
90.07	09007 AMB SVC-RILEY CLINICS	703,822	13,231,417	0.053193	78,121	4,155	90.07
90.08	09008 MOTILITY LAB	64,671	910,680	0.071014	2,771	197	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	63,633	0	0.000000	0	0	90.10
90.11	09023 SLEEP LAB	341,672	17,526,590	0.019494	0	0	90.11
90.12	09024 OP CARE ADULTS	135,912	14,046	9.676207	100	968	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012 ARTHRITIS CLINIC	7,462	5,062,533	0.001474	0	0	90.14
90.15	09013 NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	193,758	1,092,828	0.177300	676	120	90.17
90.18	09016 DERMATOLOGY CLINIC	153,920	3,813,634	0.040360	67	3	90.18
90.19	09017 INFUSION/HEM/ONC	11,905	8,959,886	0.001329	0	0	90.19
90.20	09025 IUMG - MH	1,886	245	7.697959	0	0	90.20
90.21	09019 OP REHAB CLINIC	33,114	584,765	0.056628	1,608	91	90.21
90.22	09020 EATING DISORDERS CLINIC	32,118	2,693,794	0.011923	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	163,125	526,414	0.309880	401	124	90.23
90.24	09021 LIFE CARE CLINIC	68,635	0	0.000000	0	0	90.24
91.00	09100 EMERGENCY	2,501,606	485,561,348	0.005152	10,990,624	56,624	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,434,818	44,793,241	0.032032	165,648	5,306	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	251,069	15,635,782	0.016057	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	78,962,804	5,939,780,021		244,464,145	2,953,553	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description		Title XIX				Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
		1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	793,051	0	0	793,051	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	69,811	0	0	69,811	31.00	
32.00	03200	CORONARY CARE UNIT	0	62,199	0	0	62,199	32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	102,989	0	0	102,989	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	8,197	0	0	8,197	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.02	03401	UH SURG 61C	0	13,935	0	0	13,935	34.02	
34.03	03402	UH NS 31C	0	0	0	0	0	34.03	
34.04	03403	RH PED IC	0	30,261	0	0	30,261	34.04	
34.05	03404	TRANSPLANT ICU	0	7,843	0	0	7,843	34.05	
34.06	03407	PEDS CANCER CARE	0	10,956	0	0	10,956	34.06	
40.00	04000	SUBPROVIDER - IPF	0	23,292	0	0	23,292	40.00	
43.00	04300	NURSERY	0	21,114	0	0	21,114	43.00	
200.00		Total (lines 30-199)	0	1,143,648	0	0	1,143,648	200.00	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
		6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	243,848	3.25	19,818	64,409		30.00	
31.00	03100	INTENSIVE CARE UNIT	19,470	3.59	849	3,048		31.00	
32.00	03200	CORONARY CARE UNIT	16,819	3.70	2,476	9,161		32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT	28,628	3.60	5,208	18,749		32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	2,304	3.56	316	1,125		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00	
34.02	03401	UH SURG 61C	3,862	3.61	348	1,256		34.02	
34.03	03402	UH NS 31C	0	0.00	0	0		34.03	
34.04	03403	RH PED IC	8,213	3.68	3,013	11,088		34.04	
34.05	03404	TRANSPLANT ICU	2,202	3.56	41	146		34.05	
34.06	03407	PEDS CANCER CARE	3,029	3.62	968	3,504		34.06	
40.00	04000	SUBPROVIDER - IPF	6,632	3.51	2,084	7,315		40.00	
43.00	04300	NURSERY	6,013	3.51	4,794	16,827		43.00	
200.00		Total (lines 30-199)	341,020		39,915	136,628		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 3/30/2017 3:09 pm		
Cost Center Description			Title XIX			Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	495,021	0	495,021	50.00	
50.01	05001	ENDOSCOPY	0	0	137	0	137	50.01	
51.00	05100	RECOVERY ROOM	0	0	612	0	612	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	4,864	0	4,864	53.00	
53.01	05301	PULMONARY FUNCTION TESTING	0	0	2	0	2	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,299,117	0	1,299,117	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	101	0	101	55.00	
56.00	05600	RADIOISOTOPE	0	0	248	0	248	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	21	0	21	59.00	
60.00	06000	LABORATORY	0	0	553,355	0	553,355	60.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	8	0	8	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	197,033	0	197,033	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	3	0	3	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	50	0	50	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	35	0	35	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,356,321	0	2,356,321	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03	
74.00	07400	RENAL DIALYSIS	0	0	1,085	0	1,085	74.00	
76.00	03020	RH NBN ECMO IC	0	0	174	0	174	76.00	
76.01	03140	CARDIOLOGY	0	0	266	0	266	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02	
76.03	03950	CARDIAC CATH	0	0	310	0	310	76.03	
76.04	03951	DAY SURGERY	0	0	535	0	535	76.04	
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05	
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0	76.06	
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0	76.07	
76.08	03954	ECMO-ADULT	0	0	0	0	0	76.08	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	AMB SVC-OB & GYN	0	0	12	0	12	90.01	
90.02	09002	IUSCC HEM/ONC	0	0	5,045	0	5,045	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	2	0	2	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05	
90.06	09006	OUTPATIENT SURGERY	0	0	4	0	4	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	0	0	676	0	676	90.07	
90.08	09008	MOTILITY LAB	0	0	1	0	1	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09	
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10	
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11	
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13	
90.14	09012	ARTHRITIS CLINIC	0	0	41	0	41	90.14	
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15	
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16	
90.17	09015	PHYSICAL MEDICINE	0	0	17	0	17	90.17	
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18	
90.19	09017	INFUSION/HEM/ONC	0	0	298	0	298	90.19	
90.20	09025	IUMG - MH	0	0	0	0	0	90.20	
90.21	09019	OP REHAB CLINIC	0	0	1	0	1	90.21	
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	1	0	1	90.23	
90.24	09021	LIFE CARE CLINIC	0	0	0	0	0	90.24	
91.00	09100	EMERGENCY	0	0	346,426	0	346,426	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	243	0	243	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (Lines 50-199)	0	0	5,262,065	0	5,262,065	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D Part IV Date/Time Prepared: 3/30/2017 3:09 pm

Table with columns: Cost Center Description, Total Outpatient Cost, Total Charges, Ratio of Cost to Charges, Hospital Outpatient Ratio of Cost to Charges, Inpatient Program Charges, PPS. Rows include Ancillary Service Cost Centers (50.00-76.97), Outpatient Service Cost Centers (89.00-92.00), and Other Reimbursable Cost Centers (94.00-200.00).

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/30/2017 3:09 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	22,088	0	0		50.00
50.01	05001 ENDOSCOPY	6	0	0		50.01
51.00	05100 RECOVERY ROOM	17	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	240	0	0		53.00
53.01	05301 PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	42,984	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1	0	0		55.00
56.00	05600 RADIOISOTOPE	5	0	0		56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	26,418	0	0		60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0		60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	29,038	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	3	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	105,754	0	0		73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400 RENAL DIALYSIS	29	0	0		74.00
76.00	03020 RHNBN ECMO IIC	28	0	0		76.00
76.01	03140 RADIOLOGY	4	0	0		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.02
76.03	03950 CARDIAC CATH	6	0	0		76.03
76.04	03951 DAY SURGERY	2	0	0		76.04
76.05	03480 ONCOLOGY	0	0	0		76.05
76.06	03952 DAY SURGERY-RILEY	0	0	0		76.06
76.07	03953 RADIOLOGY-RILEY	0	0	0		76.07
76.08	03954 ECMO-ADULT	0	0	0		76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002 IUSCC HEM/ONC	3	0	0		90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0		90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	0	0		90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006 OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007 AMB SVC-RILEY CLINICS	4	0	0		90.07
90.08	09008 MOTILITY LAB	0	0	0		90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010 CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023 SLEEP LAB	0	0	0		90.11
90.12	09024 OP CARE ADULTS	0	0	0		90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012 ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013 NEUROLOGY UH	0	0	0		90.15
90.16	09014 ORTHOPEDICS UH	0	0	0		90.16
90.17	09015 PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025 IUMG - MH	0	0	0		90.20
90.21	09019 OP REHAB CLINIC	0	0	0		90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	0		90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	0	0		90.23
90.24	09021 LIFE CARE CLINIC	0	0	0		90.24
91.00	09100 EMERGENCY	7,836	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
200.00	Total (lines 50-199)	234,466	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 3/30/2017 3:09 pm			
		Title XIX	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.128265	0	18,267,617	0	0	50.00
50.01	05001 ENDOSCOPY	0.144548	0	350,656	0	0	50.01
51.00	05100 RECOVERY ROOM	0.129666	0	4,819,144	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.258704	0	864,329	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.089435	0	1,536,942	0	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.169243	0	2,699,166	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.138580	0	18,047,147	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.096582	0	10,881,274	0	0	55.00
56.00	05600 RADIOISOTOPE	0.104882	0	1,225,845	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.065192	0	287,459	0	0	59.00
60.00	06000 LABORATORY	0.128665	0	17,743,090	0	0	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.225778	0	208,986	0	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.148511	0	1,323,161	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.253387	0	460,327	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.305971	0	1,398,808	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.315162	0	550,696	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.339047	0	1,262,311	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.066715	0	2,929,024	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.158499	0	2,047,878	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.363208	0	4,556,275	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.289998	0	8,541,726	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228818	0	27,545,092	0	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.874645	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0.298086	0	1,749,066	0	0	74.00
76.00	03020 RHNBN ECMO IC	0.415349	0	0	0	0	76.00
76.01	03140 RADIOLOGY	0.112633	0	289,857	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.725896	0	217,672	0	0	76.02
76.03	03950 CARDIAC CATH	0.063474	0	5,432,210	0	0	76.03
76.04	03951 DAY SURGERY	1.227981	0	167,978	0	0	76.04
76.05	03480 ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952 DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953 RADIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954 ECMO-ADULT	0.162981	0	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.596744	0	16,616	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	1.448500				0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	0.371535	0	382,525	0	0	90.01
90.02	09002 IUSCC HEM/ONC	0.498570	0	3,384,351	0	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.277385	0	112,010	0	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.398928	0	75,552	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.150622	0	560,099	0	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.453519	0	2,060,463	0	0	90.07
90.08	09008 MOTILITY LAB	0.331918	0	100,103	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0.264666	0	754,877	0	0	90.11
90.12	09024 OP CARE ADULTS	41.243130	0	2,428	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012 ARTHRITIS CLINIC	0.074455	0	18,449	0	0	90.14
90.15	09013 NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015 PHYSICAL MEDICINE	1.600954	0	57,050	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.388422	0	91,124	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.137467	0	150,586	0	0	90.19
90.20	09025 IUMG - MH	1,454.200000	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.503857	0	238,133	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.601886	0	54,340	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.699041	0	43,148	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100 EMERGENCY	0.086593	0	30,899,944	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.435750	0	4,605,145	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.147567		321,471			94.00
95.00	09500 AMBULANCE SERVICES	0.321238	0	8,468,345			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 3/30/2017 3:09 pm			
		Title XIX	Hospital	PPS			
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
200.00	Subtotal (see instructions)		0	187,800,495	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	187,800,495	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 3/30/2017 3:09 pm
		Title XIX	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	2,343,096	0	50.00
50.01 05001	ENDOSCOPY	50,687	0	50.01
51.00 05100	RECOVERY ROOM	624,879	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	223,605	0	52.00
53.00 05300	ANESTHESIOLOGY	137,456	0	53.00
53.01 05301	PULMONARY FUNCTION TESTING	456,815	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,500,974	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,050,935	0	55.00
56.00 05600	RADIOISOTOPE	128,569	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	18,740	0	59.00
60.00 06000	LABORATORY	2,282,915	0	60.00
60.01 06001	TRANSPLANT IMMUNOLOGY	47,184	0	60.01
60.02 06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	196,504	0	63.00
65.00 06500	RESPIRATORY THERAPY	116,641	0	65.00
66.00 06600	PHYSICAL THERAPY	427,995	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	173,558	0	67.00
68.00 06800	SPEECH PATHOLOGY	427,983	0	68.00
69.00 06900	ELECTROCARDIOLOGY	195,410	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	324,587	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,654,876	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,477,083	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,302,813	0	73.00
73.03 07303	OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00 07400	RENAL DIALYSIS	521,372	0	74.00
76.00 03020	RH NBN ECMO IC	0	0	76.00
76.01 03140	CARDIOLOGY	32,647	0	76.01
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	158,007	0	76.02
76.03 03950	CARDIAC CATH	344,804	0	76.03
76.04 03951	DAY SURGERY	206,274	0	76.04
76.05 03480	ONCOLOGY	0	0	76.05
76.06 03952	DAY SURGERY-RILEY	0	0	76.06
76.07 03953	CARDIOLOGY-RILEY	0	0	76.07
76.08 03954	ECMO-ADULT	0	0	76.08
76.97 07697	CARDIAC REHABILITATION	9,915	0	76.97
OUTPATIENT SERVICE COST CENTERS				
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.01 09001	AMB SVC-OB & GYN	142,121	0	90.01
90.02 09002	IUSCC HEM/ONC	1,687,336	0	90.02
90.03 09003	AMB SVC-OPHTHALMOLOGY	31,070	0	90.03
90.04 09004	AMB SVC-PSYCH ADULT	30,140	0	90.04
90.05 09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06 09006	OUTPATIENT SURGERY	84,363	0	90.06
90.07 09007	AMB SVC-RILEY CLINICS	934,459	0	90.07
90.08 09008	MOTILITY LAB	33,226	0	90.08
90.09 09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10 09010	CLINICAL GERIATRICS	0	0	90.10
90.11 09023	SLEEP LAB	199,790	0	90.11
90.12 09024	OP CARE ADULTS	100,138	0	90.12
90.13 09011	PEDIATRIC CLINIC	0	0	90.13
90.14 09012	ARTHRTIS CLINIC	1,374	0	90.14
90.15 09013	NEUROLOGY UH	0	0	90.15
90.16 09014	ORTHOPEDICS UH	0	0	90.16
90.17 09015	PHYSICAL MEDICINE	91,334	0	90.17
90.18 09016	DERMATOLOGY CLINIC	35,395	0	90.18
90.19 09017	INFUSION/HEM/ONC	20,701	0	90.19
90.20 09025	IUMG - MH	0	0	90.20
90.21 09019	OP REHAB CLINIC	119,985	0	90.21
90.22 09020	EATING DISORDERS CLINIC	32,706	0	90.22
90.23 09018	GASTROENTEROLOGY CLINIC	116,458	0	90.23
90.24 09021	LIFE CARE CLINIC	0	0	90.24
91.00 09100	EMERGENCY	2,675,719	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	2,006,692	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400	HOME PROGRAM DIALYSIS	47,439	0	94.00
95.00 09500	AMBULANCE SERVICES	2,720,354	0	95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part V Date/Time Prepared: 3/30/2017 3:09 pm	
		Title XIX		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
200.00	Subtotal (see instructions)	6.00	7.00				
201.00	Less PBP Clinic Lab. Services-Program Only Charges	34,547,124	0				200.00
202.00	Net Charges (line 200 +/- line 201)	0					201.00
		34,547,124	0				202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 3/30/2017 3:09 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		243,848	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		243,848	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		224,019	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		70,897	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		240,032,338	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		240,032,338	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		240,032,338	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		984.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		69,787,462	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		69,787,462	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	27,490,373	19,470	1,411.93	6,637	9,370,979	43.00
44.00	CORONARY CARE UNIT	27,820,197	16,819	1,654.09	5,090	8,419,318	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	33,245,873	28,628	1,161.31	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	4,389,023	2,304	1,904.96	2	3,810	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.02	UH SURG 61C	5,534,893	3,862	1,433.17	1,727	2,475,085	46.02
46.03	UH NS 31C	1,295	0	0.00	0	0	46.03
46.04	RH PED IC	16,158,386	8,213	1,967.42	72	141,654	46.04
46.05	TRANSPLANT ICU	4,117,538	2,202	1,869.91	577	1,078,938	46.05
46.06	PEDS CANCER CARE	5,297,818	3,029	1,749.03	223	390,034	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					157,101,037	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					248,768,317	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,357,981	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,283,100	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					17,641,081	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					231,127,236	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 + line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					19,829	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					984.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					19,518,676	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	17,644,793	240,032,338	0.073510	19,518,676	1,434,818	90.00
91.00	Nursing School cost	0	240,032,338	0.000000	19,518,676	0	91.00
92.00	Allied health cost	793,051	240,032,338	0.003304	19,518,676	64,490	92.00
93.00	All other Medical Education	0	240,032,338	0.000000	19,518,676	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,632	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,632	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,632	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,668	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,459,783	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,459,783	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,459,783	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		974.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,624,682	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,624,682	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1	
				Component CCN: 15-S056		Date/Time Prepared: 3/30/2017 3:09 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.02 UH SURG 61C	0	0	0.00	0	0		46.02
46.03 UH NS 31C	0	0	0.00	0	0		46.03
46.04 RH PED IC	0	0	0.00	0	0		46.04
46.05 TRANSPLANT ICU	0	0	0.00	0	0		46.05
46.06 PEDS CANCER CARE	0	0	0.00	0	0		46.06
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					590,430		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,215,112		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					105,651		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,198		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					130,849		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,084,263		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					72.00		71.00
72.00 Program routine service cost (line 9 x line 71)					73.00		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					74.00		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					75.00		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					76.00		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					77.00		76.00
77.00 Program capital-related costs (line 9 x line 76)					78.00		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					79.00		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					80.00		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					81.00		80.00
81.00 Inpatient routine service cost per diem limitation					82.00		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					83.00		82.00
83.00 Reasonable inpatient routine serviceable costs (see instructions)					84.00		83.00
84.00 Program inpatient ancillary services (see instructions)					85.00		84.00
85.00 Utilization review - physician compensation (see instructions)					86.00		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					87.00		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 3/30/2017 3:09 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 + line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	396,785	6,459,783	0.061424	0	0	90.00
91.00	Nursing School cost	0	6,459,783	0.000000	0	0	91.00
92.00	Allied health cost	23,292	6,459,783	0.003606	0	0	92.00
93.00	All other Medical Education	0	6,459,783	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 3/30/2017 3:09 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		243,848	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		243,848	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		224,019	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		19,818	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		6,013	15.00
16.00	Nursery days (title V or XIX only)		4,794	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		240,032,338	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		240,032,338	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		240,032,338	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		984.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,507,848	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		19,507,848	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
			Title XIX		Hospital		PPS	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		4,710,956	6,013	783.46	4,794	3,755,907	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		27,490,373	19,470	1,411.93	849	1,198,729	43.00
44.00	CORONARY CARE UNIT		27,820,197	16,819	1,654.09	2,476	4,095,527	44.00
44.01	NEONATAL INTENSIVE CARE UNIT		33,245,873	28,628	1,161.31	5,208	6,048,102	44.01
45.00	BURN INTENSIVE CARE UNIT		4,389,023	2,304	1,904.96	316	601,967	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	0	46.00
46.02	UH SURG 61C		5,534,893	3,862	1,433.17	348	498,743	46.02
46.03	UH NS 31C		1,295	0	0.00	0	0	46.03
46.04	RH PED IC		16,158,386	8,213	1,967.42	3,013	5,927,836	46.04
46.05	TRANSPLANT ICU		4,117,538	2,202	1,869.91	41	76,666	46.05
46.06	PEDS CANCER CARE		5,297,818	3,029	1,749.03	968	1,693,061	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						46,262,786	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						89,667,172	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						3,556,025	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						3,188,019	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						6,744,044	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						82,923,128	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 + line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						19,829	87.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description		Title XIX		Hospital		PPS	
Cost Center Description						1.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					984.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					19,518,676	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	17,644,793	240,032,338	0.073510	19,518,676	1,434,818	90.00
91.00	Nursing School cost	0	240,032,338	0.000000	19,518,676	0	91.00
92.00	Allied health cost	793,051	240,032,338	0.003304	19,518,676	64,490	92.00
93.00	All other Medical Education	0	240,032,338	0.000000	19,518,676	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		178,008,821	30.00
31.00	03100	INTENSIVE CARE UNIT		24,700,518	31.00
32.00	03200	CORONARY CARE UNIT		19,156,754	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		12,000	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 61C		6,846,623	34.02
34.03	03402	UH NS 31C		0	34.03
34.04	03403	RH PED IC		342,456	34.04
34.05	03404	TRANSPLANT ICU		2,195,305	34.05
34.06	03407	PEDS CANCER CARE		754,436	34.06
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128265	146,502,593	18,791,155 50.00
50.01	05001	ENDOSCOPY	0.144548	6,447,508	931,974 50.01
51.00	05100	RECOVERY ROOM	0.129666	15,906,752	2,062,565 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258704	686,873	177,697 52.00
53.00	05300	ANESTHESIOLOGY	0.089435	11,641,489	1,041,157 53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.169243	350,745	59,361 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138580	76,730,694	10,633,340 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.096582	2,177,482	210,306 55.00
56.00	05600	RADIOISOTOPE	0.104882	2,775,966	291,149 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.065192	7,338,749	478,428 59.00
60.00	06000	LABORATORY	0.128665	112,138,057	14,428,243 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.225778	743,470	167,859 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0 60.02
60.03	06300	BLOOD STORING, PROCESSING & TRANS.	0.148511	22,380,297	3,323,720 63.00
65.00	06500	RESPIRATORY THERAPY	0.253387	26,569,496	6,732,365 65.00
66.00	06600	PHYSICAL THERAPY	0.305971	17,683,278	5,410,570 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.315162	2,347,493	739,841 67.00
68.00	06800	SPEECH PATHOLOGY	0.339047	1,888,966	640,448 68.00
69.00	06900	ELECTROCARDIOLOGY	0.066715	19,508,358	1,301,500 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158499	8,093,900	1,282,875 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.363208	37,760,748	13,715,006 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289998	107,680,107	31,227,016 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228818	149,601,342	34,231,480 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.874645	0	0 73.03
74.00	07400	RENAL DIALYSIS	0.298086	7,642,098	2,278,002 74.00
76.00	03020	RH NBN ECMO IC	0.415349	0	0 76.00
76.01	03140	CARDIOLOGY	0.112633	4,564,100	514,068 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.725896	45,448	32,991 76.02
76.03	03950	CARDIAC CATH	0.063474	19,030,278	1,207,928 76.03
76.04	03951	DAY SURGERY	1.227981	194,365	238,677 76.04
76.05	03480	ONCOLOGY	0.000000	0	0 76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0 76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0 76.07
76.08	03954	ECMO-ADULT	0.162981	1,355,354	220,897 76.08
76.97	07697	CARDIAC REHABILITATION	0.596744	486	290 76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	AMB SVC-OB & GYN	0.371535	9,947	3,696 90.01
90.02	09002	IUSCC HEM/ONC	0.498570	475,831	237,235 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.277385	4,893	1,357 90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.398928	0	0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0 90.05
90.06	09006	OUTPATIENT SURGERY	0.150622	4,285,680	645,518 90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.453519	3,574	1,621 90.07
90.08	09008	MOTILITY LAB	0.331918	0	0 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0 90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0 90.10
90.11	09023	SLEEP LAB	0.264666	4,868	1,288 90.11
90.12	09024	OP CARE ADULTS	41.243130	89	3,671 90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0 90.13
90.14	09012	ARTHRTIS CLINIC	0.074455	2,220	165 90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0 90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0 90.16
90.17	09015	PHYSICAL MEDICINE	1.600954	3,613	5,784 90.17
90.18	09016	DERMATOLOGY CLINIC	0.388422	3,174	1,233 90.18

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.19	09017	INFUSION/HEM/ONC	0.137467	6,975	959	90.19
90.20	09025	IUMG - MH	1,454.200000	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.503857	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.601886	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.699041	5,062	13,663	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100	EMERGENCY	0.086593	40,418,485	3,499,958	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.435750	720,553	313,981	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.147567	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		855,731,456	157,101,037	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net Charges (line 200 minus line 201)		855,731,456		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401	UH SURG 6IC	0	34.02
34.03	03402	UH NS 3IC	0	34.03
34.04	03403	RH PEDIC	0	34.04
34.05	03404	TRANSPLANT ICU	0	34.05
34.06	03407	PEDS CANCER CARE	0	34.06
40.00	04000	SUBPROVIDER - IPF	3,521,123	40.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.128265	50.00
50.01	05001	ENDOSCOPY	0.144548	50.01
51.00	05100	RECOVERY ROOM	0.129666	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258704	52.00
53.00	05300	ANESTHESIOLOGY	0.089435	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.169243	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138580	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.096582	55.00
56.00	05600	RADIOISOTOPE	0.104882	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.065192	59.00
60.00	06000	LABORATORY	0.128665	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.225778	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.148511	63.00
65.00	06500	RESPIRATORY THERAPY	0.253387	65.00
66.00	06600	PHYSICAL THERAPY	0.305971	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.315162	67.00
68.00	06800	SPEECH PATHOLOGY	0.339047	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066715	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.363208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228818	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.874645	73.03
74.00	07400	RENAL DIALYSIS	0.298086	74.00
76.00	03020	RH NBN ECMO IC	0.415349	76.00
76.01	03140	CARDIOLOGY	0.112633	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.725896	76.02
76.03	03950	CARDIAC CATH	0.063474	76.03
76.04	03951	DAY SURGERY	1.227981	76.04
76.05	03480	ONCOLOGY	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	76.07
76.08	03954	ECMO-ADULT	0.162981	76.08
76.97	07697	CARDIAC REHABILITATION	0.596744	76.97
OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0.371535	90.01
90.02	09002	IUSCC HEM/ONC	0.498570	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.277385	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.398928	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0.150622	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.453519	90.07
90.08	09008	MOTILITY LAB	0.331918	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	90.10
90.11	09023	SLEEP LAB	0.264666	90.11
90.12	09024	OP CARE ADULTS	41.243130	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	0.074455	90.14
90.15	09013	NEUROLOGY UH	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	1.600954	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 3/30/2017 3:09 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.18	09016 DERMATOLOGY CLINIC	0.388422	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.137467	0	0	90.19
90.20	09025 IUMG - MH	1,454.200000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.503857	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.601886	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.699041	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100 EMERGENCY	0.086593	233,469	20,217	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.435750	18,848	8,213	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.147567	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,958,142	590,430	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,958,142		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 3/30/2017 3:09 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		59,886,959	30.00
31.00	03100	INTENSIVE CARE UNIT		7,205,100	31.00
32.00	03200	CORONARY CARE UNIT		5,445,700	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		30,019,914	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		1,390,000	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 61C		618,400	34.02
34.03	03402	UH NS 31C		0	34.03
34.04	03403	RH PED IC		8,020,682	34.04
34.05	03404	TRANSPLANT ICU		605,100	34.05
34.06	03407	PEDS CANCER CARE		2,019,953	34.06
40.00	04000	SUBPROVIDER - I PF		1,825,942	40.00
43.00	04300	NURSERY		1,672,952	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128265	35,973,995	4,614,204 50.00
50.01	05001	ENDOSCOPY	0.144548	1,167,849	168,810 50.01
51.00	05100	RECOVERY ROOM	0.129666	3,423,104	443,860 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258704	7,735,065	2,001,092 52.00
53.00	05300	ANESTHESIOLOGY	0.089435	3,206,226	286,749 53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.169243	809,124	136,939 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.138580	18,910,553	2,620,624 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.096582	502,333	48,516 55.00
56.00	05600	RADIOISOTOPE	0.104882	578,906	60,717 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.065192	219,372	14,301 59.00
60.00	06000	LABORATORY	0.128665	34,044,266	4,380,305 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.225778	114,427	25,835 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0 60.02
60.03	06300	BLOOD STORING, PROCESSING & TRANS.	0.148511	8,203,585	1,218,323 63.00
65.00	06500	RESPIRATORY THERAPY	0.253387	18,448,493	4,674,608 65.00
66.00	06600	PHYSICAL THERAPY	0.305971	4,336,075	1,326,713 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.315162	1,361,795	429,186 67.00
68.00	06800	SPEECH PATHOLOGY	0.339047	967,898	328,163 68.00
69.00	06900	ELECTROCARDIOLOGY	0.066715	4,582,009	305,689 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158499	3,468,844	549,808 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.363208	8,192,696	2,975,653 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.289998	21,873,825	6,343,366 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228818	48,622,501	11,125,703 73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.874645	0	0 73.03
74.00	07400	RENAL DIALYSIS	0.298086	1,172,977	349,648 74.00
76.00	03020	RH NBN ECMO IC	0.415349	685,528	284,733 76.00
76.01	03140	CARDIOLOGY	0.112633	599,612	67,536 76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.725896	19,136	13,891 76.02
76.03	03950	CARDIAC CATH	0.063474	2,864,954	181,850 76.03
76.04	03951	DAY SURGERY	1.227981	19,512	23,960 76.04
76.05	03480	ONCOLOGY	0.000000	0	0 76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0 76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0 76.07
76.08	03954	ECMO-ADULT	0.162981	418,875	68,269 76.08
76.97	07697	CARDIAC REHABILITATION	0.596744	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.448500	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	AMB SVC-OB & GYN	0.371535	7,284	2,706 90.01
90.02	09002	IUSCC HEM/ONC	0.498570	54,751	27,297 90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.277385	1,468	407 90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.398928	0	0 90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0 90.05
90.06	09006	OUTPATIENT SURGERY	0.150622	637,091	95,960 90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.453519	78,121	35,429 90.07
90.08	09008	MOTILITY LAB	0.331918	2,771	920 90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0 90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0 90.10
90.11	09023	SLEEP LAB	0.264666	0	0 90.11
90.12	09024	OP CARE ADULTS	41.243130	100	4,124 90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0 90.13
90.14	09012	ARTHROTISS CLINIC	0.074455	0	0 90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0 90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0 90.16
90.17	09015	PHYSICAL MEDICINE	1.600954	676	1,082 90.17
90.18	09016	DERMATOLOGY CLINIC	0.388422	67	26 90.18

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 3/30/2017 3:09 pm
Cost Center Description			Title XIX	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
90.19	09017	INFUSION/HEM/ONC	0.137467	0	0
90.20	09025	IUMG - MH	1,454.200000	0	0
90.21	09019	OP REHAB CLINIC	0.503857	1,608	810
90.22	09020	EATING DISORDERS CLINIC	0.601886	0	0
90.23	09018	GASTROENTEROLOGY CLINIC	2.699041	401	1,082
90.24	09021	LIFE CARE CLINIC	0.000000	0	0
91.00	09100	EMERGENCY	0.086593	10,990,624	951,711
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.435750	165,648	72,181
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.147567	0	0
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		244,464,145	46,262,786
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		244,464,145	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 3/30/2017 3:09 pm
		Title XIX	Subprovider - IPF	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT		0	32.01
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401 UH SURG 6IC		0	34.02
34.03	03402 UH NS 3IC		0	34.03
34.04	03403 RH PEDIC		0	34.04
34.05	03404 TRANSPLANT ICU		0	34.05
34.06	03407 PEDS CANCER CARE		0	34.06
40.00	04000 SUBPROVIDER - IPF		1,896,242	40.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.128265	0	50.00
50.01	05001 ENDOSCOPY	0.144548	10,600	50.01
51.00	05100 RECOVERY ROOM	0.129666	5,120	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.258704	0	52.00
53.00	05300 ANESTHESIOLOGY	0.089435	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.169243	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.138580	40,720	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.096582	0	55.00
56.00	05600 RADIOISOTOPE	0.104882	2,678	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.065192	0	59.00
60.00	06000 LABORATORY	0.128665	237,867	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.225778	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.148511	2,330	63.00
65.00	06500 RESPIRATORY THERAPY	0.253387	3,512	65.00
66.00	06600 PHYSICAL THERAPY	0.305971	12,891	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.315162	2,643	67.00
68.00	06800 SPEECH PATHOLOGY	0.339047	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.066715	14,847	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.158499	10,640	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.363208	745	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.289998	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228818	196,319	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.874645	0	73.03
74.00	07400 RENAL DIALYSIS	0.298086	1,074	74.00
76.00	03020 RH NBN ECMO IC	0.415349	0	76.00
76.01	03140 CARDIOLOGY	0.112633	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.725896	19,136	76.02
76.03	03950 CARDIAC CATH	0.063474	0	76.03
76.04	03951 DAY SURGERY	1.227981	0	76.04
76.05	03480 ONCOLOGY	0.000000	0	76.05
76.06	03952 DAY SURGERY-RILEY	0.000000	0	76.06
76.07	03953 CARDIOLOGY-RILEY	0.000000	0	76.07
76.08	03954 ECMO-ADULT	0.162981	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.596744	0	76.97
OUTPATIENT SERVICE COST CENTERS				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	1.448500	0	89.00
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 AMB SVC-OB & GYN	0.371535	0	90.01
90.02	09002 IUSCC HEM/ONC	0.498570	87	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.277385	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.398928	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.150622	4,472	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.453519	0	90.07
90.08	09008 MOTILITY LAB	0.331918	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	90.10
90.11	09023 SLEEP LAB	0.264666	0	90.11
90.12	09024 OP CARE ADULTS	41.243130	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012 ARTHRITIS CLINIC	0.074455	0	90.14
90.15	09013 NEUROLOGY UH	0.000000	0	90.15
90.16	09014 ORTHOPEDICS UH	0.000000	0	90.16
90.17	09015 PHYSICAL MEDICINE	1.600954	0	90.17

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 3/30/2017 3:09 pm	
		Title XIX	Subprovider - IPF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.18	09016 DERMATOLOGY CLINIC	0.388422	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.137467	0	0	90.19
90.20	09025 IUMG - MH	1,454.200000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.503857	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.601886	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.699041	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000000	0	0	90.24
91.00	09100 EMERGENCY	0.086593	161,119	13,952	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.435750	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.147567	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		726,800	121,487	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		726,800		202.00

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Kidney			Hospital	PPS
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	505,923	984.35	189	186,042
2.00	INTENSIVE CARE UNIT	43.00	42,092	1,411.93	10	14,119
3.00	CORONARY CARE UNIT	44.00	0	1,654.09	0	0
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	7	1,161.31	0	0
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,904.96	0	0
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0
5.02	UH SURG 61C	46.02	0	1,433.17	0	0
5.03	UH NS 31C	46.03	0	0.00	0	0
5.04	RH PED IC	46.04	21,813	1,967.42	5	9,837
5.05	TRANSPLANT ICU	46.05	0	1,869.91	0	0
5.06	PEDS CANCER CARE	46.06	0	1,749.03	0	0
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0
7.00	TOTAL (sum of lines 1-6)		569,835		204	209,998
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
8.00	OPERATING ROOM	50.00	0.128265	2,705,185		346,981
8.01	ENDOSCOPY	50.01	0.144548	14,045		2,030
9.00	RECOVERY ROOM	51.00	0.129666	277,376		35,966
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258704	633		164
11.00	ANESTHESIOLOGY	53.00	0.089435	210,484		18,825
11.01	PULMONARY FUNCTION TESTING	53.01	0.169243	108,602		18,380
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.138580	1,096,583		151,964
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.096582	545		53
14.00	RADIOISOTOPE	56.00	0.104882	1,079,846		113,256
15.00	CT SCAN	57.00	0.000000	0		0
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0		0
17.00	CARDIAC CATHETERIZATION	59.00	0.065192	67		4
18.00	LABORATORY	60.00	0.128665	1,337,981		172,151
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.225778	7,851,436		1,772,682
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0		0
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0		0
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0		0
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148511	56,154		8,339
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0		0
23.00	RESPIRATORY THERAPY	65.00	0.253387	48,518		12,294
24.00	PHYSICAL THERAPY	66.00	0.305971	1,050		321
25.00	OCCUPATIONAL THERAPY	67.00	0.315162	0		0
26.00	SPEECH PATHOLOGY	68.00	0.339047	458		155
27.00	ELECTROCARDIOLOGY	69.00	0.066715	621,480		41,462
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.158499	21,716		3,442
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.363208	589,426		214,084
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.289998	45,781		13,276
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.228818	1,031,273		235,974
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.874645	0		0
32.00	RENAL DIALYSIS	74.00	0.298086	666		199
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0		0
34.00	RH NBN ECMO IC	76.00	0.415349	0		0
34.01	CARDIOLOGY	76.01	0.112633	371,669		41,862
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.725896	0		0
34.03	CARDIAC CATH	76.03	0.063474	1,334,696		84,718
34.04	DAY SURGERY	76.04	1.227981	6,945		8,528
34.05	ONCOLOGY	76.05	0.000000	0		0
34.06	DAY SURGERY-RILEY	76.06	0.000000	0		0
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0		0
34.08	ECMO-ADULT	76.08	0.162981	5,785		943
34.97	CARDIAC REHABILITATION	76.97	0.596744	9,610		5,735
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0		0
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0		0
37.00	CLINIC	90.00	0.000000	0		0
37.01	AMB SVC-OB & GYN	90.01	0.371535	7,708		2,864
37.02	IUSCC HEM/ONC	90.02	0.498570	28,788		14,353
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.277385	656		182
37.04	AMB SVC-PSYCH ADULT	90.04	0.398928	48		19
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0		0
37.06	OUTPATIENT SURGERY	90.06	0.150622	152,533		22,975
37.07	AMB SVC-RILEY CLINICS	90.07	0.453519	865		392

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

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.331918	0	0	37.08	
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09	
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	37.10	
37.11	SLEEP LAB	90.11	0.264666	13,543	3,584	37.11	
37.12	OP CARE ADULTS	90.12	41.243130	8	330	37.12	
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13	
37.14	ARTHRTIS CLINIC	90.14	0.074455	28	2	37.14	
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15	
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	37.16	
37.17	PHYSICAL MEDICINE	90.17	1.600954	1,044	1,671	37.17	
37.18	DERMATOLOGY CLINIC	90.18	0.388422	238	92	37.18	
37.19	INFUSION/HEM/ONC	90.19	0.137467	410	56	37.19	
37.20	IUMG - MH	90.20	1,454.200000	0	0	37.20	
37.21	OP REHAB CLINIC	90.21	0.503857	94	47	37.21	
37.22	EATING DISORDERS CLINIC	90.22	0.601886	0	0	37.22	
37.23	GASTROENTEROLOGY CLINIC	90.23	2.699041	88	238	37.23	
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24	
38.00	EMERGENCY	91.00	0.086593	11,889	1,030	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.435750	1,255	547	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			19,047,205	3,352,170	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	189	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	10	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	5	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			204	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	7,708	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	28,788	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	656	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	48	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	152,533	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	865	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	13,543	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	8	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	ARTHRTIS CLINIC	23.14	28	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	1,044	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	238	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	410	0.000000	0	51.19	

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

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	94	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	88	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	11,889	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	1,255	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		219,195		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	3,562,168		19,617,040		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	12,534,681		46,989,702		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	16,096,849		66,606,742		61.00	
62.00	Total Usable Organs (see instructions)		267			62.00	
63.00	Medicare Usable Organs (see instructions)		192			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.719101			64.00	
65.00	Medicare Cost/Charges (see instructions)	11,575,260		47,896,975		65.00	
66.00	Revenue for Organs Sold	320,270		0		66.00	
67.00	Subtotal (line 65 minus line 66)	11,254,990		47,896,975		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,254,990	0	47,896,975	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		61		72		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		144		73.00
74.00	Total (sum of lines 70 thru 73)		61		216		74.00
75.00	Organs Transplanted		56		134	889,640	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		5		72	320,270	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Discarded Organs		0		10	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		61		216		84.00

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

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Liver Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,662	984.35	1	984	1.00
2.00	INTENSIVE CARE UNIT	43.00	21,046	1,411.93	5	7,060	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,654.09	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	2	1,161.31	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,904.96	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,433.17	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	10,907	1,967.42	2	3,935	5.04
5.05	TRANSPLANT ICU	46.05	0	1,869.91	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.03	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		33,617		8	11,979	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
8.00	OPERATING ROOM	50.00	0.128265	239,254	30,688	8.00	
8.01	ENDOSCOPY	50.01	0.144548	6,630	958	8.01	
9.00	RECOVERY ROOM	51.00	0.129666	33,071	4,288	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258704	165	43	10.00	
11.00	ANESTHESIOLOGY	53.00	0.089435	10,940	978	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.169243	26,652	4,511	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.138580	83,187	11,528	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.096582	100	10	13.00	
14.00	RADIOISOTOPE	56.00	0.104882	5,928	622	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.065192	1	0	17.00	
18.00	LABORATORY	60.00	0.128665	103,992	13,380	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.225778	914,206	206,408	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148511	51,834	7,698	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.253387	20,507	5,196	23.00	
24.00	PHYSICAL THERAPY	66.00	0.305971	26	8	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.315162	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.339047	76	26	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.066715	26,971	1,799	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.158499	895	142	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.363208	54,133	19,662	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.289998	2,143	621	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.228818	115,612	26,454	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.874645	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.298086	357	106	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.415349	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.112633	91,857	10,346	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.725896	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.063474	338,400	21,480	34.03	
34.04	DAY SURGERY	76.04	1.227981	2,211	2,715	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.162981	2,892	471	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.596744	299	178	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.371535	81	30	37.01	
37.02	IUSCC HEM/ONC	90.02	0.498570	4,368	2,178	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.277385	46	13	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.398928	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.150622	7,987	1,203	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.453519	671	304	37.07	

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Liver		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.331918	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.264666	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	41.243130	1	41	37.12	
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.074455	3	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.600954	26	42	37.17	
37.18	DERMATOLOGY CLINIC	90.18	0.388422	3	1	37.18	
37.19	INFUSION/HEM/ONC	90.19	0.137467	39	5	37.19	
37.20	IUMG - MH	90.20	1,454.200000	0	0	37.20	
37.21	OP REHAB CLINIC	90.21	0.503857	15	8	37.21	
37.22	EATING DISORDERS CLINIC	90.22	0.601886	0	0	37.22	
37.23	GASTROENTEROLOGY CLINIC	90.23	2.699041	6	16	37.23	
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24	
38.00	EMERGENCY	91.00	0.086593	5,402	468	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.435750	240	105	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			2,151,227	374,730	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	2	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			8	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	81	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	4,368	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	46	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	7,987	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	671	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	1	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	ARTHRITIS CLINIC	23.14	3	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	26	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	3	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	39	0.000000	0	51.19	

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Liver		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	15	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	6	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	5,402	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	240	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		18,888		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	386,709		2,184,844		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	10,645,832		31,626,982		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	11,032,541		33,811,826		61.00	
62.00	Total Usable Organs (see instructions)		174			62.00	
63.00	Medicare Usable Organs (see instructions)		61			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.350575			64.00	
65.00	Medicare Cost/Charges (see instructions)	3,867,733		11,853,581		65.00	
66.00	Revenue for Organs Sold	160,135		0		66.00	
67.00	Subtotal (line 65 minus line 66)	3,707,598		11,853,581		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,707,598	0	11,853,581	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	36		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	143		73.00	
74.00	Total (sum of lines 70 thru 73)		0	179		74.00	
75.00	Organs Transplanted		0	138	613,852	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	36	160,135	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	5		83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	179		84.00	

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

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	831	984.35	1	984	1.00
2.00	INTENSIVE CARE UNIT	43.00	10,523	1,411.93	2	2,824	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,654.09	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,161.31	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,904.96	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,433.17	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	5,453	1,967.42	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,869.91	1	1,870	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.03	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		16,807		4	5,678	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.128265	119,335	15,307	8.00	
8.01	ENDOSCOPY	50.01	0.144548	3,274	473	8.01	
9.00	RECOVERY ROOM	51.00	0.129666	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258704	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.089435	5,470	489	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.169243	2,885	488	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.138580	8,323	1,153	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.096582	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.104882	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.065192	0	0	17.00	
18.00	LABORATORY	60.00	0.128665	16,229	2,088	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.225778	750,950	169,548	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148511	12,143	1,803	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.253387	9,973	2,527	23.00	
24.00	PHYSICAL THERAPY	66.00	0.305971	2	1	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.315162	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.339047	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.066715	6,758	451	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.158499	447	71	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.363208	16,995	6,173	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.289998	1,071	311	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.228818	44,293	10,135	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.874645	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.298086	163	49	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.415349	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.112633	0	0	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.725896	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.063474	12,328	783	34.03	
34.04	DAY SURGERY	76.04	1.227981	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.162981	1,446	236	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.596744	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.371535	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.498570	1	0	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.277385	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.398928	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.150622	1,800	271	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.453519	0	0	37.07	

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

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Heart		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.331918	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.264666	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	41.243130	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	ARTHRTIS CLINIC	90.14	0.074455	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.600954	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.388422	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.137467	0	0	0	37.19
37.20	IUMG - MH	90.20	1,454.200000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.503857	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.601886	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.699041	0	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	0	37.24
38.00	EMERGENCY	91.00	0.086593	2,646	229	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.435750	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			1,016,532	212,586	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	0	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	1	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			4	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	1	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	1,800	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	ARTHRTIS CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Heart		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	2,646	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		4,447		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	218,264		1,033,339		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,662,549		5,742,151		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,880,813		6,775,490		61.00	
62.00	Total Usable Organs (see instructions)		43			62.00	
63.00	Medicare Usable Organs (see instructions)		23			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.534884			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,006,017		3,624,101		65.00	
66.00	Revenue for Organs Sold	80,068		0		66.00	
67.00	Subtotal (line 65 minus line 66)	925,949		3,624,101		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	925,949	0	3,624,101	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	18		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	25		73.00	
74.00	Total (sum of lines 70 thru 73)		0	43		74.00	
75.00	Organs Transplanted		0	25	111,205	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	18	80,068	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Disarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	43		84.00	

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Lung Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,200	984.35	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	15,200	1,411.93	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,654.09	4	6,616	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	19	1,161.31	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,904.96	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,433.17	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	7,877	1,967.42	2	3,935	5.04
5.05	TRANSPLANT ICU	46.05	0	1,869.91	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.03	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		24,296		6	10,551	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
8.00	OPERATING ROOM	50.00	0.128265	228,649	29,328	8.00	
8.01	ENDOSCOPY	50.01	0.144548	12,074	1,745	8.01	
9.00	RECOVERY ROOM	51.00	0.129666	60,832	7,888	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258704	313	81	10.00	
11.00	ANESTHESIOLOGY	53.00	0.089435	7,901	707	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.169243	239,720	40,571	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.138580	142,988	19,815	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.096582	87	8	13.00	
14.00	RADIOISOTOPE	56.00	0.104882	86,369	9,059	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.065192	7	0	17.00	
18.00	LABORATORY	60.00	0.128665	191,376	24,623	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.225778	922,317	208,239	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148511	17,829	2,648	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.253387	21,885	5,545	23.00	
24.00	PHYSICAL THERAPY	66.00	0.305971	32	10	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.315162	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.339047	1	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.066715	69,317	4,624	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.158499	646	102	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.363208	26,362	9,575	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.289998	35,795	10,380	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.228818	94,172	21,548	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.874645	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.298086	236	70	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.415349	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.112633	172,146	19,389	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.725896	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.063474	588,274	37,340	34.03	
34.04	DAY SURGERY	76.04	1.227981	4,068	4,995	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.162981	2,089	340	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.596744	2,181	1,301	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.371535	14	5	37.01	
37.02	IUSCC HEM/ONC	90.02	0.498570	1,901	948	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.277385	31	9	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.398928	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.150622	30,618	4,612	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.453519	43	20	37.07	

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Date/Time Prepared: 3/30/2017 3:09 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.331918	12,046	3,998		37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0		37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0		37.10
37.11	SLEEP LAB	90.11	0.264666	0	0		37.11
37.12	OP CARE ADULTS	90.12	41.243130	1	41		37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0		37.13
37.14	ARTHRITIS CLINIC	90.14	0.074455	0	0		37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0		37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0		37.16
37.17	PHYSICAL MEDICINE	90.17	1.600954	70	112		37.17
37.18	DERMATOLOGY CLINIC	90.18	0.388422	40	16		37.18
37.19	INFUSION/HEM/ONC	90.19	0.137467	10	1		37.19
37.20	IUMG - MH	90.20	1,454.200000	0	0		37.20
37.21	OP REHAB CLINIC	90.21	0.503857	0	0		37.21
37.22	EATING DISORDERS CLINIC	90.22	0.601886	0	0		37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.699041	1	3		37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0		37.24
38.00	EMERGENCY	91.00	0.086593	4,148	359		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.435750	404	176		39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			2,976,993	470,231		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0		42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0		43.00
44.00	CORONARY CARE UNIT	4.00	0.00	4	0		44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0		44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0		46.00
46.02	UH SURG 6IC	6.02	0.00	0	0		46.02
46.03	UH NS 3IC	6.03	0.00	0	0		46.03
46.04	RH PED IC	6.04	0.00	2	0		46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0		46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0		46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0		47.00
48.00	TOTAL (sum of lines 42 through 47)			6	0		48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0		49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0		50.00
51.00	CLINIC	23.00	0	0.000000	0		51.00
51.01	AMB SVC-OB & GYN	23.01	14	0.000000	0		51.01
51.02	IUSCC HEM/ONC	23.02	1,901	0.000000	0		51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	31	0.000000	0		51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0		51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0		51.05
51.06	OUTPATIENT SURGERY	23.06	30,618	0.000000	0		51.06
51.07	AMB SVC-RILEY CLINICS	23.07	43	0.000000	0		51.07
51.08	MOTILITY LAB	23.08	12,046	0.000000	0		51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0		51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0		51.10
51.11	SLEEP LAB	23.11	0	0.000000	0		51.11
51.12	OP CARE ADULTS	23.12	1	0.000000	0		51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0		51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0		51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0		51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0		51.16
51.17	PHYSICAL MEDICINE	23.17	70	0.000000	0		51.17
51.18	DERMATOLOGY CLINIC	23.18	40	0.000000	0		51.18
51.19	INFUSION/HEM/ONC	23.19	10	0.000000	0		51.19

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

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Lung		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	1	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	4,148	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	404	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		49,327		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	480,782		3,001,289		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	5,167,569		13,571,503		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	5,648,351		16,572,792		61.00	
62.00	Total Usable Organs (see instructions)		81			62.00	
63.00	Medicare Usable Organs (see instructions)		37			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.456790			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,580,110		7,570,286		65.00	
66.00	Revenue for Organs Sold	115,653		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,464,457		7,570,286		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,464,457	0	7,570,286	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	26		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	60		73.00	
74.00	Total (sum of lines 70 thru 73)		0	86		74.00	
75.00	Organs Transplanted		0	55	244,651	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	26	115,653	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Disarded Organs		0	5	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	86	0	84.00	

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Pancreas Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	508	984.35	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,431	1,411.93	1	1,412	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,654.09	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,161.31	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,904.96	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,433.17	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	3,333	1,967.42	1	1,967	5.04
5.05	TRANSPLANT ICU	46.05	0	1,869.91	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.03	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		10,272		2	3,379	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
8.00	OPERATING ROOM	50.00	0.128265	72,928	9,354	8.00	
8.01	ENDOSCOPY	50.01	0.144548	2,001	289	8.01	
9.00	RECOVERY ROOM	51.00	0.129666	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258704	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.089435	3,343	299	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.169243	1,763	298	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.138580	5,751	797	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.096582	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.104882	3,514	369	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.065192	0	0	17.00	
18.00	LABORATORY	60.00	0.128665	11,444	1,472	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.225778	433,876	97,960	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148511	7,426	1,103	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.253387	6,094	1,544	23.00	
24.00	PHYSICAL THERAPY	66.00	0.305971	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.315162	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.339047	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.066715	6,566	438	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.158499	273	43	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.363208	9,358	3,399	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.289998	655	190	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.228818	28,959	6,626	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.874645	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.298086	100	30	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.415349	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.112633	591	67	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.725896	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.063474	9,153	581	34.03	
34.04	DAY SURGERY	76.04	1.227981	0	0	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.162981	884	144	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.596744	36	21	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.371535	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.498570	45	22	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.277385	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.398928	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.150622	0	0	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.453519	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.

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Pancreas		Hospital	PPS		
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.331918	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.264666	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	41.243130	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.074455	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.600954	0	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.388422	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.137467	0	0	0	37.19
37.20	IUMG - MH	90.20	1,454.200000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.503857	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.601886	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.699041	0	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	0	37.24
38.00	EMERGENCY	91.00	0.086593	1,617	140	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.435750	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			606,378	125,186		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			2	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	45	0.000000	0	0	51.02
51.03	AMB SVC-OPHTHALMOLOGY	23.03	0	0.000000	0	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	1	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	0	51.19

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

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Pancreas		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	1,617	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		1,663		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	128,565		616,650		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	2,865,945		10,566,120		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	2,994,510		11,182,770		61.00	
62.00	Total Usable Organs (see instructions)		52			62.00	
63.00	Medicare Usable Organs (see instructions)		17			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.326923			64.00	
65.00	Medicare Cost/Charges (see instructions)	978,974		3,655,905		65.00	
66.00	Revenue for Organs Sold	48,930		0		66.00	
67.00	Subtotal (line 65 minus line 66)	930,044		3,655,905		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	930,044	0	3,655,905	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	11		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	45		73.00	
74.00	Total (sum of lines 70 thru 73)		0	56		74.00	
75.00	Organs Transplanted		0	41	182,376	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	11	48,930	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	4	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	56	0	84.00	

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

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description	Worksheet D-1 Line Numbers	Intestinal		Hospital	PPS		
		Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
	0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	277	984.35	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,508	1,411.93	1	1,412	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,654.09	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,161.31	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,904.96	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 61C	46.02	0	1,433.17	0	0	5.02
5.03	UH NS 31C	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	1,818	1,967.42	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,869.91	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,749.03	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		5,603		1	1,412	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.128265	39,814	5,107	8.00	
8.01	ENDOSCOPY	50.01	0.144548	1,096	158	8.01	
9.00	RECOVERY ROOM	51.00	0.129666	2,515	326	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.258704	13	3	10.00	
11.00	ANESTHESIOLOGY	53.00	0.089435	1,823	163	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.169243	6,898	1,167	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.138580	12,627	1,750	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.096582	6	1	13.00	
14.00	RADIOISOTOPE	56.00	0.104882	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.065192	2	0	17.00	
18.00	LABORATORY	60.00	0.128665	31,685	4,077	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.225778	68,938	15,565	18.01	
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	18.02	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148511	4,111	611	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.253387	3,484	883	23.00	
24.00	PHYSICAL THERAPY	66.00	0.305971	15	5	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.315162	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.339047	4	1	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.066715	2,441	163	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.158499	149	24	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.363208	7,448	2,705	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.289998	357	104	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.228818	16,930	3,874	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.874645	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.298086	54	16	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.415349	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.112633	7,824	881	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.725896	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.063474	31,481	1,998	34.03	
34.04	DAY SURGERY	76.04	1.227981	168	206	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.162981	482	79	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.596744	37	22	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	AMB SVC-OB & GYN	90.01	0.371535	5	2	37.01	
37.02	IUSCC HEM/ONC	90.02	0.498570	131	65	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.277385	3	1	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	0.398928	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.150622	13,561	2,043	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.453519	7	3	37.07	

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Intestinal		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.08	MOTILITY LAB	90.08	0.331918	0	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	0.000000	0	0	0	37.10
37.11	SLEEP LAB	90.11	0.264666	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	41.243130	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.074455	0	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	0	37.15
37.16	ORTHOPEDECS UH	90.16	0.000000	0	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.600954	3	5	37.17	
37.18	DERMATOLOGY CLINIC	90.18	0.388422	0	0	37.18	
37.19	INFUSION/HEM/ONC	90.19	0.137467	1	0	37.19	
37.20	IUMG - MH	90.20	1,454.200000	0	0	37.20	
37.21	OP REHAB CLINIC	90.21	0.503857	1	1	37.21	
37.22	EATING DISORDERS CLINIC	90.22	0.601886	0	0	37.22	
37.23	GASTROENTEROLOGY CLINIC	90.23	2.699041	0	0	37.23	
37.24	LIFE CARE CLINIC	90.24	0.000000	0	0	37.24	
38.00	EMERGENCY	91.00	0.086593	905	78	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.435750	18	8	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			255,037	42,095	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02	
46.03	UH NS 3IC	6.03	0.00	0	0	46.03	
46.04	RH PED IC	6.04	0.00	0	0	46.04	
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05	
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	AMB SVC-OB & GYN	23.01	5	0.000000	0	51.01	
51.02	IUSCC HEM/ONC	23.02	131	0.000000	0	51.02	
51.03	AMB SVC-OPHTHALMOLOGY	23.03	3	0.000000	0	51.03	
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04	
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05	
51.06	OUTPATIENT SURGERY	23.06	13,561	0.000000	0	51.06	
51.07	AMB SVC-RILEY CLINICS	23.07	7	0.000000	0	51.07	
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08	
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09	
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10	
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11	
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12	
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13	
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15	
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	51.16	
51.17	PHYSICAL MEDICINE	23.17	3	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	1	0.000000	0	51.19	

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 (2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet D-4

Component CCN:

Date/Time Prepared: 3/30/2017 3:09 pm

Cost Center Description		Intestinal		Hospital		PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	OP REHAB CLINIC	23.21	1	0.000000	0	51.21	
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22	
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	905	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	18	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		14,635		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	43,507		260,640		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,238,111		3,891,325		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,281,618		4,151,965		61.00	
62.00	Total Usable Organs (see instructions)		19			62.00	
63.00	Medicare Usable Organs (see instructions)		7			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.368421			64.00	
65.00	Medicare Cost/Charges (see instructions)	472,175		1,529,671		65.00	
66.00	Revenue for Organs Sold	26,689		0		66.00	
67.00	Subtotal (line 65 minus line 66)	445,486		1,529,671		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	445,486	0	1,529,671	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	6		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	14		73.00	
74.00	Total (sum of lines 70 thru 73)		0	20		74.00	
75.00	Organs Transplanted		0	13	57,827	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	6	26,689	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	1		83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	20		84.00	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		119,440,528	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		37,780,805	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		14,714,143	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		38,723,251	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,169.28	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		527.75	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		527.75	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		648.87	10.00
11.00	FTE count for residents in dental and podiatric programs.		26.02	11.00
12.00	Current year allowable FTE (see instructions)		553.77	12.00
13.00	Total allowable FTE count for the prior year.		551.07	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		545.46	14.00
15.00	Sum of lines 12 through 14 divided by 3.		550.10	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		550.10	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.470460	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.463910	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.463910	21.00
22.00	IME payment adjustment (see instructions)		35,424,167	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		8,724,891	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		121.12	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		2.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001710	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000457	27.00
28.00	IME add-on adjustment amount (see instructions)		71,850	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		17,697	28.01
29.00	Total IME payment (sum of lines 22 and 28)		35,496,017	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		8,742,588	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		39.14	31.00
32.00	Sum of lines 30 and 31		47.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)		28.46	33.00
34.00	Disproportionate share adjustment (see instructions)		11,186,298	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	28,429,998	23,551,372	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	21,264,075	5,920,014	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	27,184,089		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	245,801,880		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		254,544,468	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		17,042,299	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		9,785,601	52.00
53.00	Nursing and Allied Health Managed Care payment		309,417	53.00
54.00	Special add-on payments for new technologies		192,765	54.00
54.01	Islet isolation add-on payment			54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		19,728,524	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		282,442	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		749,764	58.00
59.00	Total (sum of amounts on lines 49 through 58)		302,635,280	59.00
60.00	Primary payer payments		399,684	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		302,235,596	61.00
62.00	Deductibles billed to program beneficiaries		11,012,056	62.00
63.00	Coinurance billed to program beneficiaries		1,288,534	63.00
64.00	Allowable bad debts (see instructions)		2,321,195	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,508,777	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,337,221	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		291,443,783	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		2,960	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-698,491	70.93
70.94	HRR adjustment amount (see instructions)		-195,201	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 3/30/2017 3:09 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			2,906,173	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			287,640,958	71.00
71.01	Sequestration adjustment (see instructions)			5,752,819	71.01
72.00	Interim payments			277,715,117	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			4,173,022	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			31,961,033	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/30/2017 3:09 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	119,440,528	0	119,440,528		119,440,528	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	37,780,805	0		37,780,805	37,780,805	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	14,714,143	0	11,666,147	3,047,997	14,714,144	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	38,723,251	0	29,216,743	9,506,508	38,723,251	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.463910	0.463910	0.463910	0.463910		5.00
6.00	IME payment adjustment (see instructions)	22.00	35,424,167	0	26,911,623	8,512,544	35,424,167	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	8,724,891	0	8,724,891	0	8,724,891	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000457	0.000457	0.000457	0.000457		7.00
8.00	IME adjustment (see instructions)	28.00	71,850	0	54,584	17,266	71,850	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	17,697	0	13,353	4,344	17,697	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	35,496,017	0	26,966,207	8,529,810	35,496,017	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	8,742,588	0	8,738,244	4,344	8,742,588	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2846	0.2846	0.2846	0.2846		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	11,186,298	0	8,498,194	2,688,104	11,186,298	11.00
11.01	Uncompensated care payments	36.00	27,184,089	0	21,264,075	5,920,014	27,184,089	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	245,801,880	0	187,835,150	57,966,730	245,801,880	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	254,544,468	0	196,573,394	57,971,074	254,544,468	15.00
16.00	Payment for inpatient program capital	50.00	17,042,299	0	12,882,737	4,159,562	17,042,299	16.00
17.00	Special add-on payments for new technologies	54.00	192,765	0	185,931	6,834	192,765	17.00
17.01	Net organ acquisition cost	55.00	19,728,524	0	14,755,851	4,972,673	19,728,524	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	2,960	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/30/2017 3:09 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	224,397,913	67,110,143	291,508,056	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	12,583,388	0	9,553,695	3,029,693	12,583,388	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	680,119	0	460,067	220,052	680,119	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1992	0.1992	0.1992	0.1992		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,506,611	0	1,903,096	603,515	2,506,611	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1011	0.1011	0.1011	0.1011		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,272,181	0	965,879	306,302	1,272,181	25.00
26.00	Total prospective capital payments (see instructions)	12.00	17,042,299	0	12,882,737	4,159,562	17,042,299	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 3/30/2017 3:09 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	119,440,528	119,440,528		119,440,528	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	37,780,805		37,780,805	37,780,805	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	14,714,143	11,666,146	3,047,997	14,714,143	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	38,723,251	29,216,743	9,506,508	38,723,251	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.463910	0.463910	0.463910		5.00
6.00	IME payment adjustment (see instructions)	22.00	35,424,167	26,911,623	8,512,544	35,424,167	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	8,724,891	6,582,942	2,141,949	8,724,891	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000457	0.000457	0.000457		7.00
8.00	IME adjustment (see instructions)	28.00	71,850	54,584	17,266	71,850	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	17,697	13,353	4,344	17,697	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	35,496,017	26,966,207	8,529,810	35,496,017	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	8,742,588	6,596,295	2,146,293	8,742,588	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2846	0.2846	0.2846		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	11,186,298	8,498,194	2,688,104	11,186,298	11.00
11.01	Uncompensated care payments	36.00	27,184,089	21,264,075	5,920,014	27,184,089	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	245,801,880	187,835,150	57,966,730	245,801,880	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	254,544,468	194,431,445	60,113,023	254,544,468	15.00
16.00	Payment for inpatient program capital	50.00	17,042,299	13,102,789	3,939,510	17,042,299	16.00
17.00	Special add-on payments for new technologies	54.00	192,765	185,931	6,834	192,765	17.00
17.01	Net organ acquisition cost	55.00	19,728,524	14,755,851	4,972,673	19,728,524	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	2,960	2,214	746	2,960	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			222,478,230	69,032,786	291,511,016	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/30/2017 3:09 pm

		Title XVIII			Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	12,583,388	9,553,695	3,029,693	12,583,388	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	680,119	680,119	0	680,119	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1992	0.1992	0.1992		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,506,611	1,903,096	603,515	2,506,611	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1011	0.1011	0.1011		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,272,181	965,879	306,302	1,272,181	25.00
26.00	Total prospective capital payments (see instructions)	12.00	17,042,299	13,102,789	3,939,510	17,042,299	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-698,491	-434,100	-264,391	-698,491	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-195,201	-119,624	-75,577	-195,201	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		2,219,245	686,928	2,906,173	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		236,046	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		120,901,582	2.00
3.00	PPS payments		104,988,444	3.00
4.00	Outlier payment (see instructions)		3,034,793	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		618,907	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		236,046	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,135,077	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,135,077	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,135,077	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		899,031	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		236,046	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		108,642,144	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,925	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		19,581,749	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		89,292,516	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,418,972	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		93,711,488	30.00
31.00	Primary payer payments		16,084	31.00
32.00	Subtotal (line 30 minus line 31)		93,695,404	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		41,311	33.00
34.00	Allowable bad debts (see instructions)		3,369,834	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		2,190,392	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,593,913	36.00
37.00	Subtotal (see instructions)		95,927,107	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-1,955	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		95,929,062	40.00
40.01	Sequestration adjustment (see instructions)		1,918,581	40.01
41.00	Interim payments		92,844,463	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,166,018	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		276,958,317		92,757,263	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/27/2015	756,800	12/14/2015	87,200	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		756,800		87,200	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)		277,715,117		92,844,463	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		4,173,022		1,166,018	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		281,888,139		94,010,481	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0056
Component CCN: 15-S056

Period:
From 01/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,452,319		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,452,319		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		44,292		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,496,611		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			49,592 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			85,225 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			23,057 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			308,546 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			7,241,626,040 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			337,416,962 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			586,218 8.00
9.00	Sequestration adjustment amount (see instructions)			11,724 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			574,494 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			574,494 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,437,376 1.00
2.00	Net IPF PPS Outlier Payments			103,188 2.00
3.00	Net IPF PPS ECT Payments			58,427 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			16.20 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.82 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.82 8.00
9.00	Average Daily Census (see instructions)			18.169863 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.022993 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			33,050 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,632,041 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,632,041 16.00
17.00	Primary payer payments			12,311 17.00
18.00	Subtotal (line 16 less line 17).			1,619,730 18.00
19.00	Deductibles			99,452 19.00
20.00	Subtotal (line 18 minus line 19)			1,520,278 20.00
21.00	Coinurance			16,695 21.00
22.00	Subtotal (line 20 minus line 21)			1,503,583 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24,259 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			15,768 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			10,643 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,519,351 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)			7,803 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,527,154 31.00
31.01	Sequestration adjustment (see instructions)			30,543 31.01
32.00	Interim payments			1,452,319 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			44,292 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			103,188 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 3/30/2017 3:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			553.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			19.36	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			572.87	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			665.57	6.00
7.00	Enter the lesser of line 5 or line 6			572.87	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	198.91	385.56	584.47	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	171.21	331.86	503.07	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.73		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	171.21	356.59		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	162.02	343.55		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	167.23	335.76		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	166.82	345.30		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	166.82	345.30		17.00
18.00	Per resident amount	86,160.41	81,598.57		18.00
19.00	Approved amount for resident costs	14,373,280	28,175,986	42,549,266	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			92.70	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.76	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			42,549,266	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	86,893	23,070		26.00
27.00	Total Inpatient Days (see instructions)	319,625	319,625		27.00
28.00	Ratio of inpatient days to total inpatient days	0.271859	0.072178		28.00
29.00	Program direct GME amount	11,567,401	3,071,121		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		433,949		30.00
31.00	Net Program direct GME amount			14,204,573	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		1,328	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		58,834,494	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000023	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		250,983,429	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		19,728,524	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		411,995	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		270,299,958	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		122,077,996	42.00
43.00	Primary payer payments (see instructions)		16,084	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		122,061,912	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		392,361,870	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.688905	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.311095	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		14,204,573	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		9,785,601	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,418,972	50.00

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

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet G

Date/Time Prepared:
3/30/2017 3:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	393,918,931	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	410,318,165	0	0	0	4.00
5.00	Other receivable	119,496,919	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,079,044	0	0	0	6.00
7.00	Inventory	48,076,055	0	0	0	7.00
8.00	Prepaid expenses	34,363,901	0	0	0	8.00
9.00	Other current assets	3,018	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	997,097,945	0	0	0	11.00
FIXED ASSETS						
12.00	Land	140,620,954	0	0	0	12.00
13.00	Land improvements	38,614,614	0	0	0	13.00
14.00	Accumulated depreciation	-20,253,732	0	0	0	14.00
15.00	Buildings	1,954,123,149	0	0	0	15.00
16.00	Accumulated depreciation	-882,582,619	0	0	0	16.00
17.00	Leasehold improvements	4,233,483	0	0	0	17.00
18.00	Accumulated depreciation	-2,011,628	0	0	0	18.00
19.00	Fixed equipment	48,967,366	0	0	0	19.00
20.00	Accumulated depreciation	-29,968,314	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,293,053,441	0	0	0	23.00
24.00	Accumulated depreciation	-1,087,192,970	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,457,603,744	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	766,625,728	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,506,997,846	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,273,623,574	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,728,325,263	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,376,669,937	0	0	0	37.00
38.00	Salaries, wages, and fees payable	135,129,981	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	67,991,298	0	0	0	40.00
41.00	Deferred income	27,839,867	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	47,195,852	0	0	0	43.00
44.00	Other current liabilities	107,010,651	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,761,837,586	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,800,936,945	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,074,843	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,825,011,788	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,586,849,374	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,141,475,889				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,141,475,889	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,728,325,263	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-1

Date/Time Prepared:
3/30/2017 3:09 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		2,868,064,925		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		436,907,438			2.00
3.00	Total (sum of line 1 and line 2)		3,304,972,363		0	3.00
4.00	DONATED PROPERTY	7,198,692		0		4.00
5.00	RILEY PHASE V DONATIONS	5,500,000		0		5.00
6.00	ROUNDING	188		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		12,698,880		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,317,671,243		0	11.00
12.00	FOHC NET INCOME	-2,483,666		0		12.00
13.00	PENSION OBLIGATION	2,871,835		0		13.00
14.00	UNRESTRICTED FUND BALANCE	176,873,784		0		14.00
15.00	MHF DONATIONS	218,500		0		15.00
16.00	RETAINED EARNINGS	-1,930,482		0		16.00
17.00	MARK TO MARKET SWAP	645,623		0		17.00
18.00	Total deductions (sum of lines 12-17)		176,195,594		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,141,475,649		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	DONATED PROPERTY		0			4.00
5.00	RILEY PHASE V DONATIONS		0			5.00
6.00	ROUNDING		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	FOHC NET INCOME		0			12.00
13.00	PENSION OBLIGATION		0			13.00
14.00	UNRESTRICTED FUND BALANCE		0			14.00
15.00	MHF DONATIONS		0			15.00
16.00	RETAINED EARNINGS		0			16.00
17.00	MARK TO MARKET SWAP		0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0056

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	616,419,520		616,419,520	1.00
2.00	SUBPROVIDER - IPF	15,102,274		15,102,274	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	631,521,794		631,521,794	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	75,505,219		75,505,219	11.00
12.00	CORONARY CARE UNIT	68,973,442		68,973,442	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	137,762,767		137,762,767	12.01
13.00	BURN INTENSIVE CARE UNIT	9,406,574		9,406,574	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	15,562,672		15,562,672	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PEDIC	41,716,566		41,716,566	14.04
14.05	TRANSPLANT ICU	9,054,073		9,054,073	14.05
14.06	PEDS CANCER CARE	12,925,308		12,925,308	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	370,906,621		370,906,621	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,002,428,415		1,002,428,415	17.00
18.00	Ancillary services	2,824,463,386	2,366,290,199	5,190,753,585	18.00
19.00	Outpatient services	143,911,302	585,084,681	728,995,983	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	4,263,171	4,263,171	21.00
22.00	HOME HEALTH AGENCY		100,523,651	100,523,651	22.00
23.00	AMBULANCE SERVICES	556,432	92,989,762	93,546,194	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	17,241,728	17,241,728	26.00
27.00	SPECIAL PURPOSE COST CENTERS	103,867,307	198	103,867,505	27.00
27.01	PHYSICIAN REVENUE	0	65,582,796	65,582,796	27.01
27.02	HOME OFFICE & NRCC REVENUE	0	163,182	163,182	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,075,226,842	3,232,139,368	7,307,366,210	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,953,668,563		29.00
30.00	HOME OFFICE EXPENSE	1,012,070,003			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		1,012,070,003		36.00
37.00		0			37.00
38.00	ACADEMIC SUPPORT	17,500,000			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		17,500,000		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,948,238,566		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet G-3 Date/Time Prepared: 3/30/2017 3:09 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		7,307,366,210	1.00
2.00	Less contractual allowances and discounts on patients' accounts		4,769,948,386	2.00
3.00	Net patient revenues (line 1 minus line 2)		2,537,417,824	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		2,948,238,566	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-410,820,742	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		-1,500	6.00
7.00	Income from investments		-23,143,715	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		0	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	TOTAL OTHER OPERATING REVENUE		658,051,482	24.00
24.01	MEMBER PREMIUM REVENUE		128,030,764	24.01
24.02	SWAP GAIN		3,029,918	24.02
24.03	RELATED PARTY INCOME		12,529,849	24.03
24.04	EDUCATION & RESEARCH SUPPORT		-17,500,000	24.04
24.05	OTHER INCOME		86,731,382	24.05
25.00	Total other income (sum of lines 6-24)		847,728,180	25.00
26.00	Total (line 5 plus line 25)		436,907,438	26.00
27.00	OTHER EXPENSES (SPECIFY)		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		436,907,438	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet H

HHA CCN: 15-7158

To 12/31/2015

Date/Time Prepared: 3/30/2017 3:09 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	5,944,298	1,637,151	0	243,287	2,603,076	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,036,937	836,419	0	846,634	263,482	6.00
7.00	Physical Therapy	2,424,507	667,746	0	0	14,966	7.00
8.00	Occupational Therapy	508,518	140,054	0	0	6,237	8.00
9.00	Speech Pathology	71,705	19,749	0	0	616	9.00
10.00	Medical Social Services	122,123	33,634	0	0	647	10.00
11.00	Home Health Aide	184,426	50,794	0	0	4,322	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	1,064,366	293,143	0	96,009	3,181,944	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	4,016,013	1,106,072	0	24,026	13,039,104	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	17,372,893	4,784,762	0	1,209,956	19,114,394	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	10,427,812	-3,476,200	6,951,612		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	4,983,472	-950,217	4,033,255		6.00
7.00	Physical Therapy	0	3,107,219	-244,855	2,862,364		7.00
8.00	Occupational Therapy	0	654,809	-51,695	603,114		8.00
9.00	Speech Pathology	0	92,070	-1,530	90,540		9.00
10.00	Medical Social Services	0	156,404	-6,045	150,359		10.00
11.00	Home Health Aide	0	239,542	-4,845	234,697		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	4,635,462	-390,746	4,244,716		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	18,185,215	-616,919	17,568,296		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	42,482,005	-5,743,052	36,738,953		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0056 HHA CCN: 15-7158		Period: From 01/01/2015 To 12/31/2015		Worksheet H-1 Part I Date/Time Prepared: 3/30/2017 3:09 pm	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	6,951,612	0	0	0	6,951,612	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	4,033,255	0	0	0	4,033,255	6.00
7.00	Physical Therapy	2,862,364	0	0	0	2,862,364	7.00
8.00	Occupational Therapy	603,114	0	0	0	603,114	8.00
9.00	Speech Pathology	90,540	0	0	0	90,540	9.00
10.00	Medical Social Services	150,359	0	0	0	150,359	10.00
11.00	Home Health Aide	234,697	0	0	0	234,697	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	4,244,716	0	0	0	4,244,716	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	17,568,296	0	0	0	17,568,296	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	36,738,953	0	0	0	36,738,953	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	6,951,612					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	941,261	4,974,516				6.00
7.00	Physical Therapy	668,004	3,530,368				7.00
8.00	Occupational Therapy	140,752	743,866				8.00
9.00	Speech Pathology	21,130	111,670				9.00
10.00	Medical Social Services	35,090	185,449				10.00
11.00	Home Health Aide	54,772	289,469				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	990,611	5,235,327				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	4,099,992	21,668,288				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		36,738,953				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet H-1

HHA CCN: 15-7158

To 12/31/2015

Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	23,648			0		1.00
2.00	Capital Related - Movable Equipment		88,335		0		2.00
3.00	Plant Operation & Maintenance	0	0	23,648	0		3.00
4.00	Transportation (see instructions)	0	0	0	100		4.00
5.00	Administrative and General	23,648	88,335	23,648	100	-6,951,612	29,787,341
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	4,033,255
7.00	Physical Therapy	0	0	0	0	0	2,862,364
8.00	Occupational Therapy	0	0	0	0	0	603,114
9.00	Speech Pathology	0	0	0	0	0	90,540
10.00	Medical Social Services	0	0	0	0	0	150,359
11.00	Home Health Aide	0	0	0	0	0	234,697
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	4,244,716
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	17,568,296
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	23,648	88,335	23,648	100	-6,951,612	29,787,341
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	6,951,612
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.233375

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2015 To 12/31/2015

Worksheet H-2 Part I

HHA CCN: 15-7158

Date/Time Prepared: 3/30/2017 3:09 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	306,320	115,948	3,034,408	1,305	1,807,909	1.00
2.00 Skilled Nursing Care	4,974,516	0	0	0	0	0	2.00
3.00 Physical Therapy	3,530,368	0	0	0	0	0	3.00
4.00 Occupational Therapy	743,866	0	0	0	0	0	4.00
5.00 Speech Pathology	111,670	0	0	0	0	0	5.00
6.00 Medical Social Services	185,449	0	0	0	0	0	6.00
7.00 Home Health Aide	289,469	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	5,235,327	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	21,668,288	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	36,738,953	306,320	115,948	3,034,408	1,305	1,807,909	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING, RECEIVING & STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	531,167	5,797,057	533,381	132,782	1.00
2.00 Skilled Nursing Care	0	0	0	4,974,516	457,700	0	2.00
3.00 Physical Therapy	0	0	0	3,530,368	324,826	0	3.00
4.00 Occupational Therapy	0	0	0	743,866	68,442	0	4.00
5.00 Speech Pathology	0	0	0	111,670	10,275	0	5.00
6.00 Medical Social Services	0	0	0	185,449	17,063	0	6.00
7.00 Home Health Aide	0	0	0	289,469	26,634	0	7.00
8.00 Supplies (see instructions)	12,668	0	0	12,668	1,166	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	5,235,327	481,697	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	21,668,288	1,993,677	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	12,668	0	531,167	42,548,678	3,914,861	132,782	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNI VERSI TY	HOUSEKEEPING - RI LEY	HOUSEKEEPING - METHODI ST	
		7.00	8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	277,296	0	0	516	0	1,081	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	277,296	0	0	516	0	1,081	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	DI ETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	
		9.04	9.05	10.00	11.00	13.00	13.01	
1.00	Administrative and General	0	0	0	220,756	557,805	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	220,756	557,805	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV					
	14.00	15.00	16.00	17.00	18.00	21.00	
1.00 Administrative and General	0	0	204,264	0	39,104	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	106,773	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	106,773	0	204,264	0	39,104	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00	23.00	23.01	23.02	23.03	23.04	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Home Health Agency I

PPS

Cost Center Description		PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
		23.05	23.06	23.07	23.08	23.09	23.10	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.11	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	7,764,042	0	7,764,042			1.00
2.00	Skilled Nursing Care	0	5,432,216	0	5,432,216	1,048,113	6,480,329	2.00
3.00	Physical Therapy	0	3,855,194	0	3,855,194	743,837	4,599,031	3.00
4.00	Occupational Therapy	0	812,308	0	812,308	156,730	969,038	4.00
5.00	Speech Pathology	0	121,945	0	121,945	23,529	145,474	5.00
6.00	Medical Social Services	0	202,512	0	202,512	39,073	241,585	6.00
7.00	Home Health Aide	0	316,103	0	316,103	60,990	377,093	7.00
8.00	Supplies (see instructions)	0	120,607	0	120,607	23,270	143,877	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	5,717,024	0	5,717,024	1,103,065	6,820,089	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	23,661,965	0	23,661,965	4,565,435	28,227,400	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	48,003,916	0	48,003,916	7,764,042	48,003,916	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.192944		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 3/30/2017 3:09 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	PURCHASING, RECEIVING & STORES (COSTED REQ)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	23,648	88,335	17,157,217	261	261		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	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	0	0	0	189,443	8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
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	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	23,648	88,335	17,157,217	261	261	189,443	20.00
21.00 Total cost to be allocated	306,320	115,948	3,034,408	1,305	1,807,909	12,668	21.00
22.00 Unit cost multiplier	12.953315	1.312594	0.176859	5.000000	6,926.854406	0.066870	22.00
Cost Center Description	ADMINISTRATIVE (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	100,523,651	0	5,797,057	23,648	23,648	1.00
2.00 Skilled Nursing Care	0	0	0	4,974,516	0	0	2.00
3.00 Physical Therapy	0	0	0	3,530,368	0	0	3.00
4.00 Occupational Therapy	0	0	0	743,866	0	0	4.00
5.00 Speech Pathology	0	0	0	111,670	0	0	5.00
6.00 Medical Social Services	0	0	0	185,449	0	0	6.00
7.00 Home Health Aide	0	0	0	289,469	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	12,668	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	5,235,327	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	21,668,288	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	100,523,651	0	42,548,678	23,648	23,648	20.00
21.00 Total cost to be allocated	0	531,167	0	3,914,861	132,782	277,296	21.00
22.00 Unit cost multiplier	0.000000	0.005284	0	0.092009	5.614936	11.725981	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period: From 01/01/2015 To 12/31/2015

Worksheet H-2 Part II
Date/Time Prepared: 3/30/2017 3:09 pm

Home Health Agency I PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	9.04	
1.00	Administrative and General	0	0	259	0	811	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	259	0	811	0	20.00
21.00	Total cost to be allocated	0	0	516	0	1,081	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.992278	0.000000	1.332922	0.000000	22.00
Cost Center Description		HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
		9.05	10.00	11.00	13.00	13.01	14.00	
1.00	Administrative and General	0	0	261	64	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	189,443	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	261	64	0	189,443	20.00
21.00	Total cost to be allocated	0	0	220,756	557,805	0	106,773	21.00
22.00	Unit cost multiplier	0.000000	0.000000	845.808429	8,715.703125	0.000000	0.563615	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 3/30/2017 3:09 pm
			Home Health Agency I	PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
				PATIENT TRANSPORTATION	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)		
				(GROSS CHAR GES)			
	15.00	16.00	17.00	18.00	21.00	22.00	
1.00 Administrative and General	0	100,523,651	0	100,523,651	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	100,523,651	0	100,523,651	0	0	20.00
21.00 Total cost to be allocated	0	204,264	0	39,104	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.002032	0.000000	0.000389	0.000000	0.000000	22.00
Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM CO ST)	PARAMED RADIOLOGY-METH ODI ST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (TOTAL PATI ENT DAYS)	
	23.00	23.01	23.02	23.03	23.04	23.05	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2015
To 12/31/2015

Worksheet H-2
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
	23.06	23.07	23.08	23.09	23.10	23.11	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0056 HHA CCN: 15-7158		Period: From 01/01/2015 To 12/31/2015		Worksheet H-3 Part I Date/Time Prepared: 3/30/2017 3:09 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	6,480,329		6,480,329	34,915	185.60		
2.00	Physical Therapy	3.00	4,599,031	0	4,599,031	22,160	207.54		
3.00	Occupational Therapy	4.00	969,038	0	969,038	4,363	222.10		
4.00	Speech Pathology	5.00	145,474	0	145,474	613	237.31		
5.00	Medical Social Services	6.00	241,585		241,585	746	323.84		
6.00	Home Health Aide	7.00	377,093		377,093	4,428	85.16		
7.00	Total (sum of lines 1-6)		12,812,550	0	12,812,550	67,225	7.00		
Program Visits									
Part B									
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		11300	0	20		8.00		
8.01	Skilled Nursing Care		23844	0	1		8.01		
8.02	Skilled Nursing Care		26900	0	194		8.02		
8.03	Skilled Nursing Care		29020	0	9		8.03		
8.04	Skilled Nursing Care		29140	0	103		8.04		
8.05	Skilled Nursing Care		29200	0	1,660		8.05		
8.06	Skilled Nursing Care		34620	0	2,233		8.06		
8.07	Skilled Nursing Care		50031	0	1,944		8.07		
8.08	Skilled Nursing Care		50032	0	5,049		8.08		
8.09	Skilled Nursing Care		50038	0	206		8.09		
8.10	Skilled Nursing Care		50039	0	302		8.10		
8.11	Skilled Nursing Care		50041	0	419		8.11		
8.12	Skilled Nursing Care		99915	0	128		8.12		
9.00	Physical Therapy		11300	0	11		9.00		
9.01	Physical Therapy		23844	0	0		9.01		
9.02	Physical Therapy		26900	0	78		9.02		
9.03	Physical Therapy		29020	0	35		9.03		
9.04	Physical Therapy		29140	0	90		9.04		
9.05	Physical Therapy		29200	0	1,430		9.05		
9.06	Physical Therapy		34620	0	1,019		9.06		
9.07	Physical Therapy		50031	0	1,083		9.07		
9.08	Physical Therapy		50032	0	4,640		9.08		
9.09	Physical Therapy		50038	0	110		9.09		
9.10	Physical Therapy		50039	0	190		9.10		
9.11	Physical Therapy		50041	0	318		9.11		
9.12	Physical Therapy		99915	0	37		9.12		
10.00	Occupational Therapy		11300	0	7		10.00		
10.01	Occupational Therapy		23844	0	17		10.01		
10.02	Occupational Therapy		26900	0	0		10.02		
10.03	Occupational Therapy		29020	0	0		10.03		
10.04	Occupational Therapy		29140	0	20		10.04		
10.05	Occupational Therapy		29200	0	272		10.05		
10.06	Occupational Therapy		34620	0	414		10.06		
10.07	Occupational Therapy		50031	0	315		10.07		
10.08	Occupational Therapy		50032	0	963		10.08		
10.09	Occupational Therapy		50038	0	13		10.09		
10.10	Occupational Therapy		50039	0	34		10.10		
10.11	Occupational Therapy		50041	0	65		10.11		
10.12	Occupational Therapy		99915	0	2		10.12		
11.00	Speech Pathology		11300	0	3		11.00		
11.01	Speech Pathology		23844	0	0		11.01		
11.02	Speech Pathology		26900	0	0		11.02		
11.03	Speech Pathology		29020	0	0		11.03		
11.04	Speech Pathology		29140	0	7		11.04		
11.05	Speech Pathology		29200	0	31		11.05		
11.06	Speech Pathology		34620	0	68		11.06		
11.07	Speech Pathology		50031	0	41		11.07		
11.08	Speech Pathology		50032	0	85		11.08		
11.09	Speech Pathology		50038	0	0		11.09		
11.10	Speech Pathology		50039	0	2		11.10		
11.11	Speech Pathology		50041	0	16		11.11		
11.12	Speech Pathology		99915	0	0		11.12		
12.00	Medical Social Services		11300	0	0		12.00		

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 3/30/2017 3:09 pm
			HHA CCN: 15-7158		
			Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 + col. 4)	
				Part B			
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
0	1.00	2.00	3.00	4.00	5.00		
12.01	Medical Social Services	23844	0	0			12.01
12.02	Medical Social Services	26900	0	1			12.02
12.03	Medical Social Services	29020	0	0			12.03
12.04	Medical Social Services	29140	0	11			12.04
12.05	Medical Social Services	29200	0	111			12.05
12.06	Medical Social Services	34620	0	64			12.06
12.07	Medical Social Services	50031	0	63			12.07
12.08	Medical Social Services	50032	0	188			12.08
12.09	Medical Social Services	50038	0	3			12.09
12.10	Medical Social Services	50039	0	6			12.10
12.11	Medical Social Services	50041	0	6			12.11
12.12	Medical Social Services	99915	0	3			12.12
13.00	Home Health Aide	11300	0	44			13.00
13.01	Home Health Aide	23844	0	51			13.01
13.02	Home Health Aide	26900	0	0			13.02
13.03	Home Health Aide	29020	0	0			13.03
13.04	Home Health Aide	29140	0	30			13.04
13.05	Home Health Aide	29200	0	497			13.05
13.06	Home Health Aide	34620	0	709			13.06
13.07	Home Health Aide	50031	0	370			13.07
13.08	Home Health Aide	50032	0	777			13.08
13.09	Home Health Aide	50038	0	39			13.09
13.10	Home Health Aide	50039	0	255			13.10
13.11	Home Health Aide	50041	0	141			13.11
13.12	Home Health Aide	99915	0	17			13.12
14.00	Total (sum of lines 8-13)		0	27,070			14.00
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)		
	0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00 143,877	0	143,877	0	0.000000	15.00
16.00	Cost of Drugs	9.00 0	0	0	0	0.000000	16.00
Program Visits							
Cost Center Description	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00		8.00	9.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	12,268	0	2,276,941		1.00
2.00	Physical Therapy	0	9,041	0	1,876,369		2.00
3.00	Occupational Therapy	0	2,122	0	471,296		3.00
4.00	Speech Pathology	0	253	0	60,039		4.00
5.00	Medical Social Services	0	456	0	147,671		5.00
6.00	Home Health Aide	0	2,930	0	249,519		6.00
7.00	Total (sum of lines 1-6)	0	27,070	0	5,081,835		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet H-3

HHA CCN: 15-7158

To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
8.07	Skilled Nursing Care						8.07
8.08	Skilled Nursing Care						8.08
8.09	Skilled Nursing Care						8.09
8.10	Skilled Nursing Care						8.10
8.11	Skilled Nursing Care						8.11
8.12	Skilled Nursing Care						8.12
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
9.07	Physical Therapy						9.07
9.08	Physical Therapy						9.08
9.09	Physical Therapy						9.09
9.10	Physical Therapy						9.10
9.11	Physical Therapy						9.11
9.12	Physical Therapy						9.12
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
10.07	Occupational Therapy						10.07
10.08	Occupational Therapy						10.08
10.09	Occupational Therapy						10.09
10.10	Occupational Therapy						10.10
10.11	Occupational Therapy						10.11
10.12	Occupational Therapy						10.12
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
11.07	Speech Pathology						11.07
11.08	Speech Pathology						11.08
11.09	Speech Pathology						11.09
11.10	Speech Pathology						11.10
11.11	Speech Pathology						11.11
11.12	Speech Pathology						11.12
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
12.07	Medical Social Services						12.07
12.08	Medical Social Services						12.08
12.09	Medical Social Services						12.09
12.10	Medical Social Services						12.10
12.11	Medical Social Services						12.11
12.12	Medical Social Services						12.12
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
13.06	Home Health Aide						13.06

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0056 HHA CCN: 15-7158		Period: From 01/01/2015 To 12/31/2015		Worksheet H-3 Part I Date/Time Prepared: 3/30/2017 3:09 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
13.07	Home Health Aide						13.07
13.08	Home Health Aide						13.08
13.09	Home Health Aide						13.09
13.10	Home Health Aide						13.10
13.11	Home Health Aide						13.11
13.12	Home Health Aide						13.12
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B			Part A	Part B
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2,276,941					1.00
2.00	Physical Therapy	1,876,369					2.00
3.00	Occupational Therapy	471,296					3.00
4.00	Speech Pathology	60,039					4.00
5.00	Medical Social Services	147,671					5.00
6.00	Home Health Aide	249,519					6.00
7.00	Total (sum of lines 1-6)	5,081,835					7.00
Cost Center Description		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
8.07	Skilled Nursing Care						8.07
8.08	Skilled Nursing Care						8.08
8.09	Skilled Nursing Care						8.09
8.10	Skilled Nursing Care						8.10
8.11	Skilled Nursing Care						8.11
8.12	Skilled Nursing Care						8.12
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
9.07	Physical Therapy						9.07
9.08	Physical Therapy						9.08
9.09	Physical Therapy						9.09
9.10	Physical Therapy						9.10
9.11	Physical Therapy						9.11
9.12	Physical Therapy						9.12
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
10.07	Occupational Therapy						10.07
10.08	Occupational Therapy						10.08
10.09	Occupational Therapy						10.09
10.10	Occupational Therapy						10.10
10.11	Occupational Therapy						10.11

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2015
To 12/31/2015

Worksheet H-3
Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		12.00	
10.12	Occupational Therapy		10.12
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
11.04	Speech Pathology		11.04
11.05	Speech Pathology		11.05
11.06	Speech Pathology		11.06
11.07	Speech Pathology		11.07
11.08	Speech Pathology		11.08
11.09	Speech Pathology		11.09
11.10	Speech Pathology		11.10
11.11	Speech Pathology		11.11
11.12	Speech Pathology		11.12
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
12.04	Medical Social Services		12.04
12.05	Medical Social Services		12.05
12.06	Medical Social Services		12.06
12.07	Medical Social Services		12.07
12.08	Medical Social Services		12.08
12.09	Medical Social Services		12.09
12.10	Medical Social Services		12.10
12.11	Medical Social Services		12.11
12.12	Medical Social Services		12.12
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
13.04	Home Health Aide		13.04
13.05	Home Health Aide		13.05
13.06	Home Health Aide		13.06
13.07	Home Health Aide		13.07
13.08	Home Health Aide		13.08
13.09	Home Health Aide		13.09
13.10	Home Health Aide		13.10
13.11	Home Health Aide		13.11
13.12	Home Health Aide		13.12
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2015
To 12/31/2015

Worksheet H-3
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.305971	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.315162	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.339047	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.363208	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.228818	0	0	col. 2, line 16.00		5.00
5.03 Cost of Drugs 3	73.03	0.874645	0	0	col. 2, line 16.03		5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,805,892
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	69,841
13.00	Total PPS Reimbursement - LUPA Episodes		0	143,497
14.00	Total PPS Reimbursement - PEP Episodes		0	57,203
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	11,186
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	3,284
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	5,090,903
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	5,090,903
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	5,090,903
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	5,090,903
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	5,090,903
31.01	Sequestration adjustment (see instructions)		0	101,759
32.00	Interim payments (see instructions)		0	4,986,223
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	2,921
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0056
HHA CCN: 15-7158

Period:
From 01/01/2015
To 12/31/2015

Worksheet H-5
Date/Time Prepared:
3/30/2017 3:09 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		4,986,223	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		4,986,223	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		2,921	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		4,989,144	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 15-0056

Period:

Worksheet I-1

Component CCN: 15-3510

From 01/01/2015
To 12/31/2015

Date/Time Prepared:
3/30/2017 3:09 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	3,390,506	HOURS OF SERVICE	90,686.00	43.60	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	13,447	HOURS OF SERVICE	1,008.00	0.48	3.00
4.00	TECHNICIANS	1,145,143	HOURS OF SERVICE	63,723.00	30.64	4.00
5.00	SOCIAL WORKERS	128,773	HOURS OF SERVICE	4,960.00	2.38	5.00
6.00	DIETICIANS	174,664	HOURS OF SERVICE	5,716.00	2.75	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	758,080	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	5,610,613				9.00
10.00	EMPLOYEE BENEFITS	411,003	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	194,103	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	157,544	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	321,371	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	6,694,634				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	436,255	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	524,772	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	992,287	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,943,510	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	648,157	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	1,085				23.00
24.00	CENTRAL SERVICE & SUPPLIES	1,035,427	REQUISITIONS			24.00
25.00	PHARMACY	28,053	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	572,741	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	12,876,921				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	RH NBN ECMO IC		CHARGES	0		30.00
30.01	CARDIOLOGY		CHARGES	0		30.01
30.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		CHARGES	0		30.02
30.03	CARDIAC CATH		CHARGES	0		30.03
30.04	DAY SURGERY		CHARGES	0		30.04
30.05	ONCOLOGY		CHARGES	0		30.05
30.06	DAY SURGERY-RILEY		CHARGES	0		30.06
30.07	CARDIOLOGY-RILEY		CHARGES	0		30.07
30.08	ECMO-ADULT		CHARGES	0		30.08
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	12,876,921				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet 1-2

Component CCN: 15-3510

To 12/31/2015

Date/Time Prepared: 3/30/2017 3:09 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	1,278,515	682,316	3,390,506	1,462,027	1,403,290	28,053	1.00
MAINTENANCE								
2.00	Hemodialysis	693,514	370,113	1,839,137	793,058	761,197	15,217	2.00
3.00	Intermittent Peritoneal	3,812	2,035	10,110	4,359	4,184	84	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	182	97	481	208	199	4	5.00
6.00	CAPD	817	436	2,166	934	897	18	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	203,457	108,581	539,549	232,660	223,313	4,464	8.00
9.00	Intermittent Peritoneal	19,152	10,221	50,790	21,901	21,021	420	9.00
10.00	CAPD	357,581	190,833	948,273	408,907	392,479	7,846	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (included in Renal Department)							14.00
15.00	ARANESP (included in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,278,515	682,316	3,390,506	1,462,027	1,403,290	28,053	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,035,427	0	9,280,134	3,595,702	12,875,836		1.00
MAINTENANCE								
2.00	Hemodialysis	561,654	0	5,033,890	1,950,444	6,984,334		2.00
3.00	Intermittent Peritoneal	3,087	0	27,671	10,721	38,392		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	147	0	1,318	511	1,829		5.00
6.00	CAPD	662	0	5,930	2,298	8,228		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	164,773	0	1,476,797	572,203	2,049,000		8.00
9.00	Intermittent Peritoneal	15,511	0	139,016	53,863	192,879		9.00
10.00	CAPD	289,593	0	2,595,512	1,005,662	3,601,174		10.00
11.00	CCPD	0	0	0	0	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	0		13.00
14.00	EPO (included in Renal Department)							14.00
15.00	ARANESP (included in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,035,427	0	9,280,134	3,595,702	12,875,836		17.00
18.00	Medical Educational Program Costs					1,085		18.00
19.00	Total Renal Costs (line 17 + line 18)					12,876,921		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056
Component CCN: 15-3510

Period:
From 01/01/2015
To 12/31/2015

Worksheet 1-3
Date/Time Prepared:
3/30/2017 3:09 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	1,278,515	682,316	3,390,506	1,462,027	1,403,290	1.00
MAINTENANCE							
2.00	Hemodialysis	15,281	15,281.00	15,281.00	15,281.00	15,281	2.00
3.00	Intermittent Peritoneal	84	84.00	84.00	84.00	84	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	4	4.00	4.00	4.00	4	5.00
6.00	CAPD	18	18.00	18.00	18.00	18	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	4,483	4,483.00	4,483.00	4,483.00	4,483	8.00
9.00	Intermittent Peritoneal	422	422.00	422.00	422.00	422	9.00
10.00	CAPD	7,879	7,879.00	7,879.00	7,879.00	7,879	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	28,171	28,171.00	28,171.00	28,171.00	28,171	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	45.384083	24.220510	120.354478	51.898300	49.813283	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	28,053	1,035,427	0	9,280,134	3,595,702	1.00
MAINTENANCE							
2.00	Hemodialysis	15,281	15,281	15,281			2.00
3.00	Intermittent Peritoneal	84	84	84			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	4	4	4			5.00
6.00	CAPD	18	18	18			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	4,483	4,483	4,483			8.00
9.00	Intermittent Peritoneal	422	422	422			9.00
10.00	CAPD	7,879	7,879	7,879			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0					14.00
15.00	ARANESP	0					15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	28,171	28,171	28,171	9,280,134		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.995811	36.755067	0.000000	0.387462		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 15-0056 Component CCN: 15-3510	Period: From 01/01/2015 To 12/31/2015	Worksheet I-4 Date/Time Prepared: 3/30/2017 3:09 pm
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		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	31,490	6,984,334	221.80	23,340	5,176,812
2.00	Maintenance - Peritoneal Dialysis	0	38,392	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	1,829	0.00	0	0
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	4	8,228	2,057.00	3	6,171
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0
7.00	Home Program - Hemodialysis	27	2,049,000	75,888.89	20	1,517,778
8.00	Home Program - Peritoneal Dialysis	0	192,879	0.00	0	0
		Patient Weeks		Patient Weeks		
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1	3,601,174	3,601,174.00	1	3,601,174
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	236	0	0.00	175	0
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	31,521	12,875,836		23,363	10,301,935
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	32,232				
ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN	153515				
20.01	CLARIAN HEALTH PARTNERS	153521				
20.02	METHODIST DIALYSIS	153522				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	6,208,965	266.02		1.00	
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00	
3.00	Training - Hemodialysis	0	0.00		3.00	
4.00	Training - Peritoneal Dialysis	0	0.00		4.00	
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	958	319.33		5.00	
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00		6.00	
7.00	Home Program - Hemodialysis	5,466	273.30		7.00	
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00	
		6.00	7.00			
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	14,786	14,786.00		9.00	
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	352,542	2,014.53		10.00	
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	6,582,717			11.00	
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)				12.00	
ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN					20.00
20.01	CLARIAN HEALTH PARTNERS					20.01
20.02	METHODIST DIALYSIS					20.02

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet I-1 Date/Time Prepared: 3/30/2017 3:09 pm
		Home Program Dialysis	PPS

		Total Costs	Bas is	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGI STERED NURSES	555,667	HOURS OF SERVI CE	14,128.00	6.79	1.00
2.00	LI CENSED PRACTI CAL NURSES		HOURS OF SERVI CE	0.00	0.00	2.00
3.00	NURSES AI DES		HOURS OF SERVI CE	0.00	0.00	3.00
4.00	TECHNI CI ANS	88,679	HOURS OF SERVI CE	4,330.00	2.08	4.00
5.00	SOCI AL WORKERS	53,745	HOURS OF SERVI CE	2,072.00	1.00	5.00
6.00	DI ETI CI ANS		HOURS OF SERVI CE	0.00	0.00	6.00
7.00	PHYSI CI ANS		ACCUMULATED COST			7.00
8.00	NON-PATI ENT CARE SALARY	71,879	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LI NES 1-8)	769,970				9.00
10.00	EMPLOYEE BENEFITS	50,552	SALARY			10.00
11.00	CAPI TAL RELATED COSTS-BLDGS. & FI XTURES	86,914	SQUARE FEET			11.00
12.00	CAPI TAL RELATED COSTS-MOV. EQUIP.	1,122	PERCENTAGE OF TI ME			12.00
13.00	MACHI NE COSTS & REPAI RS		PERCENTAGE OF TI ME			13.00
14.00	SUPPLI ES		REQUI SI TI ONS			14.00
15.00	DRUGS		REQUI SI TI ONS			15.00
16.00	OTHER	86,659	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LI NES 9-16)*	995,217				17.00
18.00	CAPI TAL RELATED COSTS-BLDGS. & FI XTURES	158,199	SQUARE FEET			18.00
19.00	CAPI TAL RELATED COSTS-MOV. EQUIP.	78,908	PERCENTAGE OF TI ME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	136,176	SALARY			20.00
21.00	ADM NI STRATI VE & GENERAL	332,516	ACCUMULATED COST			21.00
22.00	MAI NT. /REPAI RS-OPER-HOUSEKEEPING	236,110	SQUARE FEET			22.00
23.00	MEDI CAL EDUCATI ON PROGRAM COSTS	243				23.00
24.00	CENTRAL SERVI CE & SUPPLI ES	255,509	REQUI SI TI ONS			24.00
25.00	PHARMACY	6,286	REQUI SI TI ONS			25.00
26.00	OTHER ALLOCATED COSTS	108,168	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LI NES 17-26)*	2,307,332				27.00
28.00	LABORATORY (SEE I NSTRUCTI ONS)		CHARGES	0		28.00
29.00	RESPI RATORY THERAPY (SEE I NSTRUCTI ONS)		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		CHARGES	0		30.02
30.03	CARDI AC CATH		CHARGES	0		30.03
30.04	DAY SURGERY		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	CARDI AC REHABI LI TATI ON		CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LI NES 27-30)	2,307,332				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES				Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet 1-2 Date/Time Prepared: 3/30/2017 3:09 pm			
				Home Program Dialysis	PPS				
	Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs			
	Building	Equipment	RNs	Other					
	1.00	2.00	3.00	4.00			5.00	6.00	
1.00	Total Renal Department Costs		481,223	80,030	555,667	142,424	186,728	6,286	1.00
MAINTENANCE									
2.00	Hemodialysis		184,142	30,624	212,628	54,499	71,452	2,405	2.00
3.00	Intermittent Peritoneal		1,005	167	1,161	298	390	13	3.00
TRAINING									
4.00	Hemodialysis		0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal		0	0	0	0	0	0	5.00
6.00	CAPD		543	90	628	161	211	7	6.00
7.00	CCPD		54,017	8,983	62,374	15,987	20,960	706	7.00
HOME									
8.00	Hemodialysis		0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal		0	0	0	0	0	0	9.00
10.00	CAPD		241,516	40,166	278,876	71,479	93,715	3,155	10.00
11.00	CCPD		0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis		0	0	0	0	0	0	12.00
13.00	Method II Home Patient		0	0	0	0	0	0	13.00
14.00	EPO (included in Renal Department)								14.00
15.00	ARANESP (included in Renal Department)								15.00
16.00	Other		0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)		481,223	80,030	555,667	142,424	186,728	6,286	17.00
18.00	Medical Educational Program Costs								18.00
19.00	Total Renal Costs (line 17 + line 18)								19.00
	Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)		Overhead	Total (col. 9 + col. 10)			
	7.00	8.00	9.00	10.00	11.00				
1.00	Total Renal Department Costs		255,509	0	1,707,867	599,222	2,307,089		1.00
MAINTENANCE									
2.00	Hemodialysis		97,772	0	653,522	229,295	882,817		2.00
3.00	Intermittent Peritoneal		534	0	3,568	1,252	4,820		3.00
TRAINING									
4.00	Hemodialysis		0	0	0	0	0		4.00
5.00	Intermittent Peritoneal		0	0	0	0	0		5.00
6.00	CAPD		289	0	1,929	677	2,606		6.00
7.00	CCPD		28,681	0	191,708	67,263	258,971		7.00
HOME									
8.00	Hemodialysis		0	0	0	0	0		8.00
9.00	Intermittent Peritoneal		0	0	0	0	0		9.00
10.00	CAPD		128,233	0	857,140	300,735	1,157,875		10.00
11.00	CCPD		0	0	0	0	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	0		13.00
14.00	EPO (included in Renal Department)								14.00
15.00	ARANESP (included in Renal Department)								15.00
16.00	Other		0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)		255,509	0	1,707,867	599,222	2,307,089		17.00
18.00	Medical Educational Program Costs						243		18.00
19.00	Total Renal Costs (line 17 + line 18)						2,307,332		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet 1-3 Date/Time Prepared: 3/30/2017 3:09 pm
		Home Program Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)		
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)			
		0	1.00	2.00	3.00			4.00
1.00	Total Renal Department Costs		481,223	80,030	555,667	142,424	186,728	1.00
MAINTENANCE								
2.00	Hemodialysis		13,554	13,554.00	13,554.00	13,554.00	13,554	2.00
3.00	Intermittent Peritoneal		74	74.00	74.00	74.00	74	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		40	40.00	40.00	40.00	40	6.00
7.00	CCPD		3,976	3,976.00	3,976.00	3,976.00	3,976	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		17,777	17,777.00	17,777.00	17,777.00	17,777	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		35,421	35,421.00	35,421.00	35,421.00	35,421	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		13.585811	2.259394	15.687502	4.020892	5.271675	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	6,286	255,509	0	1,707,867	599,222		1.00
MAINTENANCE								
2.00	Hemodialysis	13,554	13,554	13,554				2.00
3.00	Intermittent Peritoneal	74	74	74				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	40	40	40				6.00
7.00	CCPD	3,976	3,976	3,976				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	17,777	17,777	17,777				10.00
11.00	CCPD	0	0	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	35,421	35,421	35,421		1,707,867		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.177465	7.213489	0.000000		0.350860		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet 1-4	
		Rate 0		Home Program Dialysis		Date/Time Prepared: 3/30/2017 3:09 pm	
		PPS					
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	1,961	882,817	450.19	1,062	478,102	1.00
2.00	Maintenance - Peritoneal Dialysis	0	4,820	0.00	0	0	2.00
3.00	Training - Hemodialysis	247	0	0.00	134	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	89	2,606	29.28	48	1,405	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	37	258,971	6,999.22	20	139,984	6.00
7.00	Home Program - Hemodialysis	13,184	0	0.00	7,138	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1,384	1,157,875	836.61	749	626,621	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,459	0	0.00	79	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	15,518	2,307,089		8,402	1,246,112	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	24,047					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	280,415	264.04				
2.00	Maintenance - Peritoneal Dialysis	0	0.00				
3.00	Training - Hemodialysis	44,997	335.80				
4.00	Training - Peritoneal Dialysis	0	0.00				
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	15,325	319.27				
6.00	Training - Continuous Cycling Peritoneal Dialysis	6,153	307.65				
7.00	Home Program - Hemodialysis	1,925,166	269.71				
8.00	Home Program - Peritoneal Dialysis	0	0.00				
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	587,281	784.09				
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	609,967	7,721.10				
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	3,469,304					
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	CLARIAN						20.00
20.01	CLARIAN HEALTH PARTNERS						20.01
20.02	METHODIST DIALYSIS						20.02

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet 1-5 Date/Time Prepared: 3/30/2017 3:09 pm
		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	11,548,047		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	10,052,021	10,052,021	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	10,052,021	10,052,021	2.03
2.04	Outlier payments	157,984		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	3,744	3,744	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	3,744	3,744	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	2,009,642	2,009,642	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	2,009,642	2,009,642	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	63,556	63,556	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	63,556	63,556	5.05
6.00	Allowable bad debts (see instructions)	41,311		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	20,097		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	1,949,830	8.00
9.00	Program payment (see instructions)	8,038,622	8,038,622	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	41,311		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	15,182,925		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	15,182,925		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K

Hospice CCN: 15-1511

To 12/31/2015

Date/Time Prepared: 3/30/2017 3:09 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		200,074	1.00
2.00	Capital Related Costs-Movable Equip.			0		412,679	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	52,162	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	1,245,569	5.00
6.00	Administrative and General	824,828	153,060	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	10,899	2,023	0	0	183,993	9.00
10.00	Nursing Care	1,525,798	283,137	0	179,412	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	320,982	59,564	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	274,879	51,008	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	805,980	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	53,992	0	0	27.00
28.00	Imaging Services	0	0	0	0	2,473	28.00
29.00	Labs and Diagnostics	0	0	0	0	2,644	29.00
30.00	Medical Supplies	0	0	0	0	78,592	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	6,677	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	427,225	79,279	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,384,611	628,071	53,992	179,412	2,990,843	39.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K

Hospice CCN: 15-1511

To 12/31/2015

Date/Time Prepared: 3/30/2017 3:09 pm

		Hospice I				
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)
		6.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	200,074	0	200,074	0	200,074
2.00	Capital Related Costs-Movable Equip.	412,679	-18,000	394,679	0	394,679
3.00	Plant Operation and Maintenance	52,162	0	52,162	0	52,162
4.00	Transportation - Staff	0	0	0	0	0
5.00	Volunteer Service Coordination	1,245,569	-901	1,244,668	0	1,244,668
6.00	Administrative and General	977,888	-157,068	820,820	-302,510	518,310
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0
8.00	Inpatient - Respite Care	0	0	0	0	0
VISITING SERVICES						
9.00	Physician Services	196,915	-2,023	194,892	0	194,892
10.00	Nursing Care	1,988,347	-283,774	1,704,573	0	1,704,573
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0
12.00	Physical Therapy	0	0	0	0	0
13.00	Occupational Therapy	0	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0	0
15.00	Medical Social Services	380,546	-62,640	317,906	0	317,906
16.00	Spiritual Counseling	0	0	0	0	0
17.00	Dietary Counseling	0	0	0	0	0
18.00	Counseling - Other	0	0	0	0	0
19.00	Home Health Aide and Homemaker	325,887	-51,008	274,879	0	274,879
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0
21.00	Other	0	0	0	0	0
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	805,980	-805,980	0	0	0
23.00	Analgesics	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
27.00	Patient Transportation	53,992	0	53,992	0	53,992
28.00	Imaging Services	2,473	0	2,473	0	2,473
29.00	Labs and Diagnostics	2,644	-15	2,629	0	2,629
30.00	Medical Supplies	78,592	-78,592	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	Chemotherapy	0	0	0	0	0
34.00	Other	6,677	0	6,677	0	6,677
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	506,504	-79,408	427,096	0	427,096
36.00	Volunteer Program Costs	0	0	0	0	0
37.00	Fundraising	0	0	0	0	0
38.00	Other Program Costs	0	0	0	0	0
39.00	Total (sum of lines 1 thru 38)	7,236,929	-1,539,409	5,697,520	-302,510	5,395,010

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 15-1511

To 12/31/2015

Date/Time Prepared: 3/30/2017 3:09 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	21,109	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,525,798	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	320,982	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	21,109	320,982	0	1,525,798	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 15-1511

To 12/31/2015

Date/Time Prepared: 3/30/2017 3:09 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	803,719	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	10,899	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	0	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		0	274,879	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				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	427,225	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,516,722	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 15-0056		Period: From 01/01/2015 To 12/31/2015		Worksheet K-2	
		Hospice CCN: 15-1511				Date/Time Prepared: 3/30/2017 3:09 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	3,917	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	283,137	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	59,564	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	3,917	59,564	0	283,137	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-2

Hospice CCN: 15-1511

To 12/31/2015

Date/Time Prepared: 3/30/2017 3:09 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	149,143	153,060	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	2,023	2,023	9.00
10.00	Nursing Care		0	0	283,137	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	59,564	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	51,008	51,008	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	79,279	79,279	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	281,453	628,071	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2015 To 12/31/2015	Worksheet K-3 Date/Time Prepared: 3/30/2017 3:09 pm
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		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	179,412	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	179,412	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2015 To 12/31/2015	Worksheet K-3 Date/Time Prepared: 3/30/2017 3:09 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	179,412	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	179,412	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet K-4 Part I Date/Time Prepared: 3/30/2017 3:09 pm		
		Hospice CCN: 15-1511		Hospice I		
		CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
NET EXPENSES FOR COST ALLOCATION		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
0		1.00	2.00	3.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	200,074	200,074		1.00	
2.00	Capital Related Costs-Movable Equip.	394,679		394,679	2.00	
3.00	Plant Operation and Maintenance	52,162	0	52,162	3.00	
4.00	Transportation - Staff	0	0	0	4.00	
5.00	Volunteer Service Coordination	1,244,668	0	0	5.00	
6.00	Administrative and General	518,310	200,074	394,679	52,162	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	194,892	0	0	0	9.00
10.00	Nursing Care	1,704,573	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	317,906	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	274,879	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	53,992	0	0	0	27.00
28.00	Imaging Services	2,473	0	0	0	28.00
29.00	Labs and Diagnostics	2,629	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	6,677	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	427,096	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,395,010	200,074	394,679	52,162	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 15-0056	Period: From 01/01/2015	Worksheet K-4
		Hospice CCN: 15-1511	To 12/31/2015	Part I
				Date/Time Prepared: 3/30/2017 3:09 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	1,244,668				5.00
6.00	Administrative and General	1,244,668	2,409,893	2,409,893		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	194,892	157,337	352,229	9.00
10.00	Nursing Care	0	1,704,573	1,376,107	3,080,680	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	317,906	256,646	574,552	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	274,879	221,911	496,790	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	53,992	43,588	97,580	27.00
28.00	Imaging Services	0	2,473	1,996	4,469	28.00
29.00	Labs and Diagnostics	0	2,629	2,122	4,751	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	6,677	5,390	12,067	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	427,096	344,796	771,892	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,244,668	5,395,010		5,395,010	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 15-1511

To 12/31/2015

Part II
Date/Time Prepared:
3/30/2017 3:09 pm

		CAPITAL RELATED COST		Hospice I		
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	6,175				
2.00	Capital Related Costs-Movable Equip.	0	18,000			
3.00	Plant Operation and Maintenance	0	0	6,175		
4.00	Transportation - Staff	0	0	0	100	
5.00	Volunteer Service Coordination	0	0	0	0	100
6.00	Administrative and General	6,175	18,000	6,175	100	100
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0
8.00	Inpatient - Respite Care	0	0	0	0	0
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0
10.00	Nursing Care	0	0	0	0	0
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0
12.00	Physical Therapy	0	0	0	0	0
13.00	Occupational Therapy	0	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0	0
15.00	Medical Social Services	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 - Other	0	0	0	0	0
19.00	Home Health Aide and Homemaker	0	0	0	0	0
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0
21.00	Other	0	0	0	0	0
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0
23.00	Analgesics	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
27.00	Patient Transportation	0	0	0	0	0
28.00	Imaging Services	0	0	0	0	0
29.00	Labs and Diagnostics	0	0	0	0	0
30.00	Medical Supplies	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	Chemotherapy	0	0	0	0	0
34.00	Other	0	0	0	0	0
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0
36.00	Volunteer Program Costs	0	0	0	0	0
37.00	Fundraising	0	0	0	0	0
38.00	Other Program Costs	0	0	0	0	0
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	200,074	394,679	52,162	0	1,244,668
40.00	Unit Cost Multiplier	32.400648	21.926611	8.447287	0.000000	12,446.680000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 15-1511

To 12/31/2015

Part II
Date/Time Prepared:
3/30/2017 3:09 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-2,409,893	2,985,117	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	194,892	9.00
10.00	Nursing Care	0	1,704,573	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	317,906	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	274,879	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	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	53,992	27.00
28.00	Imaging Services	0	2,473	28.00
29.00	Labs and Diagnostics	0	2,629	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	6,677	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	427,096	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		2,409,893	39.00
40.00	Unit Cost Multiplier		0.807303	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period:

Worksheet K-5

Hospice CCN: 15-1511

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
1.00 Administrative and General		86,982	23,627	597,211	280	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	352,229	0	0	0	0	4.00
5.00 Nursing Care	3,080,680	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	574,552	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	496,790	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	97,580	0	0	0	0	22.00
23.00 Imaging Services	4,469	0	0	0	0	23.00
24.00 Labs and Diagnostics	4,751	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	12,067	0	0	0	0	29.00
30.00 Bereavement Program Costs	771,892	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	5,395,010	86,982	23,627	597,211	280	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period:

Worksheet K-5

Hospice CCN: 15-1511

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	387,904	5,605	0	91,105	1,192,714	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	352,229	4.00
5.00	Nursing Care	0	0	0	0	3,080,680	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	574,552	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	496,790	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	97,580	22.00
23.00	Imaging Services	0	0	0	0	4,469	23.00
24.00	Labs and Diagnostics	0	0	0	0	4,751	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	12,067	29.00
30.00	Bereavement Program Costs	0	0	0	0	771,892	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	387,904	5,605	0	91,105	6,587,724	34.00
35.00	Unit Cost Multiplier (see instructions)					0	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 15-1511

To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	109,740	37,704	78,740	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	32,408	0	0	0	0	4.00
5.00	Nursing Care	283,452	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	52,864	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	45,709	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	8,978	0	0	0	0	22.00
23.00	Imaging Services	411	0	0	0	0	23.00
24.00	Labs and Diagnostics	437	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	1,110	0	0	0	0	29.00
30.00	Bereavement Program Costs	71,021	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	606,130	37,704	78,740	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period:

Worksheet K-5

Hospice CCN: 15-1511

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I					
		HOUSEKEEPING - UNIVERSITY 9.01	HOUSEKEEPING - RI LEY 9.02	HOUSEKEEPING - METHODIST 9.03	HOUSEKEEPING - SAXONY 9.04	HOUSEKEEPING - MORGAN 9.05	
1.00	Administrative and General	1,093	0	8,220	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,093	0	8,220	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 15-1511

To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Hospice I					
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	13.00	13.01	14.00	
1.00 Administrative and General	0	47,365	191,745	0	47,245	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	47,365	191,745	0	47,245	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period:

Worksheet K-5

Hospice CCN: 15-1511

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I					
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS	
					PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	
15.00	16.00	17.00	18.00	21.00			
1.00	Administrative and General	238,471	35,035	0	6,707	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	238,471	35,035	0	6,707	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period:

Worksheet K-5

Hospice CCN: 15-1511

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Hospice I

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METH	PARAMED RESPIRATORY THERAPY	
	SERVICES-OTHER					
	PRGM COSTS APPRV					
	22.00	23.00	23.01	23.02	23.03	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period:

Worksheet K-5

Hospice CCN: 15-1511

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I					
		PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	
		23.04	23.05	23.06	23.07	23.08	
1.00	Administrative and General	0	0	0	9,227	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	9,227	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period:

Worksheet K-5

Hospice CCN: 15-1511

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I				Intern & Residents Cost & Post Stepdown Adjustments	
		PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal (col s. 4A-23)		
		23.09	23.10	23.11	24.00	25.00	
1.00	Administrative and General	0	0	0	2,004,006		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	384,637	0	4.00
5.00	Nursing Care	0	0	0	3,364,132	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	627,416	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	542,499	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	106,558	0	22.00
23.00	Imaging Services	0	0	0	4,880	0	23.00
24.00	Labs and Diagnostics	0	0	0	5,188	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	13,177	0	29.00
30.00	Bereavement Program Costs	0	0	0	842,913	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	7,895,406	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 15-1511

To 12/31/2015

Part I
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	384,637	130,837	515,474		4.00
5.00	Nursing Care	3,364,132	1,144,335	4,508,467		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	627,416	213,421	840,837		10.00
11.00	Spiritual Counseling	0	0	0		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	542,499	184,535	727,034		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	106,558	36,247	142,805		22.00
23.00	Imaging Services	4,880	1,660	6,540		23.00
24.00	Labs and Diagnostics	5,188	1,765	6,953		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	13,177	4,482	17,659		29.00
30.00	Bereavement Program Costs	842,913	286,724	1,129,637		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,895,406		7,895,406		34.00
35.00	Unit Cost Multiplier (see instructions)		0.340158			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 15-0056

Hospice CCN: 15-1511

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	6,715	18,000	3,384,611	56	56	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	6,715	18,000	3,384,611	56	56	34.00
35.00 Total cost to be allocated	86,982	23,627	597,211	280	387,904	35.00
36.00 Unit Cost Multiplier (see instructions)	12.953388	1.312611	0.176449	5.000000	6,926.857143	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 15-0056

Hospice CCN: 15-1511

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I					
		PURCHASING, RECEIVING & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	83,825	0	17,241,728	0	1,192,714	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	352,229	4.00
5.00	Nursing Care	0	0	0	0	3,080,680	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	574,552	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	496,790	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	97,580	22.00
23.00	Imaging Services	0	0	0	0	4,469	23.00
24.00	Labs and Diagnostics	0	0	0	0	4,751	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	12,067	29.00
30.00	Bereavement Program Costs	0	0	0	0	771,892	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	83,825	0	17,241,728		6,587,724	34.00
35.00	Total cost to be allocated	5,605	0	91,105		606,130	35.00
36.00	Unit Cost Multiplier (see instructions)	0.066865	0.000000	0.005284		0.092009	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 15-0056

Period:

Worksheet K-5

Hospice CCN: 15-1511

From 01/01/2015
To 12/31/2015

Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I					HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)			
		6.00	7.00	8.00	9.00	9.01		
1.00	Administrative and General	6,715	6,715	0	0	549	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	0	0	4.00	
5.00	Nursing Care	0	0	0	0	0	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Spiritual Counseling	0	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	6,715	6,715	0	0	549	34.00	
35.00	Total cost to be allocated	37,704	78,740	0	0	1,093	35.00	
36.00	Unit Cost Multiplier (see instructions)	5.614892	11.725987	0.000000	0.000000	1.990893	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 15-0056

Period:

Worksheet K-5

Hospice CCN: 15-1511

From 01/01/2015
To 12/31/2015

Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Hospice I				DIETARY (MEALS SERVED)	
	HOUSEKEEPING - RILEY (RILEY SQUARE FEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	HOUSEKEEPING - SAXONY (SAXONY SQUARE FEET)	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)		
	9.02	9.03	9.04	9.05	10.00	
1.00 Administrative and General	0	6,166	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	6,166	0	0	0	34.00
35.00 Total cost to be allocated	0	8,220	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	1.333117	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 15-0056

Hospice CCN: 15-1511

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I					
		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
1.00	Administrative and General	56	22	0	83,825	809,717	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	56	22	0	83,825	809,717	34.00
35.00	Total cost to be allocated	47,365	191,745	0	47,245	238,471	35.00
36.00	Unit Cost Multiplier (see instructions)	845.803571	8,715.681818	0.000000	0.563615	0.294512	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 15-0056

Hospice CCN: 15-1511

Period:

From 01/01/2015
To 12/31/2015

Worksheet K-5

Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I		Hospice I			
		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
				PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
1.00	Administrative and General	17,241,728	17.00	17,241,728	21.00	22.00	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	17,241,728	0	17,241,728	0	0	34.00
35.00	Total cost to be allocated	35,035	0	6,707	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.002032	0.000000	0.000389	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 15-0056

Hospice CCN: 15-1511

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description	Hospice I					
	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
	23.00	23.01	23.02	23.03	23.04	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 15-0056

Hospice CCN: 15-1511

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I					
		PARAMED PASTORAL EDUCATION (TOTAL PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	
		23.05	23.06	23.07	23.08	23.09	
1.00	Administrative and General	0	0	809,717	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	809,717	0	0	34.00
35.00	Total cost to be allocated	0	0	9,227	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.011395	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 15-0056

Hospice CCN: 15-1511

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
3/30/2017 3:09 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 15-1511

To 12/31/2015

Part III
Date/Time Prepared:
3/30/2017 3:09 pm

Cost Center Description		Hospice I			
		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.305971	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.315162	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.339047	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.228818	0	0 4.00
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.874645	0	0 4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.128665	0	0 6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.225778	0	0 6.01
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0 6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.363208	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.096582	0	0 9.00
10.00	RH NBN ECMO I C	76.00	0.415349	0	0 10.00
10.01	CARDIOLOGY	76.01	0.112633	0	0 10.01
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0.725896	0	0 10.02
10.03	CARDIAC CATH	76.03	0.063474	0	0 10.03
10.04	DAY SURGERY	76.04	1.227981	0	0 10.04
10.05	ONCOLOGY	76.05	0.000000	0	0 10.05
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0 10.06
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0 10.07
10.08	ECMO-ADULT	76.08	0.162981	0	0 10.08
10.97	CARDIAC REHABILITATION	76.97	0.596744	0	0 10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet K-6

Hospice CCN: 15-1511

To 12/31/2015

Date/Time Prepared: 3/30/2017 3:09 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				7,895,406	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				46,820	2.00
3.00	Average cost per diem (line 1 divided by line 2)				168.63	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	36,571				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	6,166,968				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		4,169			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		703,018			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,828				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	308,256				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		70			10.00
11.00	Aggregate NF cost (line 3 times line 10)		11,804			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			6,080		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			1,025,270		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0056	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		12,583,388	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		680,119	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		857.52	3.00
4.00	Number of interns & residents (see instructions)		552.10	4.00
5.00	Indirect medical education percentage (see instructions)		19.92	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		2,506,611	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		39.14	8.00
9.00	Sum of lines 7 and 8		47.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.11	10.00
11.00	Disproportionate share adjustment (see instructions)		1,272,181	11.00
12.00	Total prospective capital payments (see instructions)		17,042,299	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES FOR HOSPITAL-BASED FOHC		Provider CCN: 15-0056 Component CCN: 15-1804		Period: From 01/01/2015 To 12/31/2015		Worksheet N-1 Date/Time Prepared: 3/30/2017 3:09 pm	
		FOHC I		Cost			
		SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFIED - CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg and Fix		0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip		0	0	0	0	2.00
3.00	Employee Benefits	0	724,669	724,669	0	724,669	3.00
4.00	Administrative and General	788,513	469,805	1,258,318	0	1,258,318	4.00
5.00	Plant Operation and Maintenance	0	99,381	99,381	0	99,381	5.00
6.00	Janitorial	0	43,808	43,808	0	43,808	6.00
7.00	Medical Records	142,753	0	142,753	0	142,753	7.00
8.00	Subtotal - Administrative Overhead	931,266	1,337,663	2,268,929	0	2,268,929	8.00
9.00	Pharmacy	0	1,611	1,611	0	1,611	9.00
10.00	Medical Supplies	0	171,005	171,005	0	171,005	10.00
11.00	Transportation	0	959	959	0	959	11.00
12.00	Other General Service	0	0	0	0	0	12.00
13.00	Subtotal - Total Overhead	931,266	1,511,238	2,442,504	0	2,442,504	13.00
DIRECT CARE COST CENTERS							
23.00	Physician	973,646	0	973,646	0	973,646	23.00
24.00	Physician Services Under Agreement	0	0	0	0	0	24.00
25.00	Physician Assistant	0	0	0	0	0	25.00
26.00	Nurse Practitioner	45,602	0	45,602	0	45,602	26.00
27.00	Visiting Registered Nurse	0	0	0	0	0	27.00
28.00	Visiting Licensed Practical Nurse	0	0	0	0	0	28.00
29.00	Certified Nurse Midwife	218,371	0	218,371	0	218,371	29.00
30.00	Clinical Psychologist	0	0	0	0	0	30.00
31.00	Clinical Social Worker	0	0	0	0	0	31.00
32.00	Laboratory Technician	37,331	0	37,331	0	37,331	32.00
33.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	0	0	0	33.00
34.00	Physical Therapist	0	0	0	0	0	34.00
35.00	Occupational Therapist	0	0	0	0	0	35.00
36.00	Other Allied Health Personnel	1,286,554	0	1,286,554	0	1,286,554	36.00
37.00	Subtotal - Direct Patient Care Services	2,561,504	0	2,561,504	0	2,561,504	37.00
REIMBURSABLE PASS THROUGH COSTS							
47.00	Pneumococcal Vaccines & Med Supplies	0	0	0	0	0	47.00
48.00	Influenza Vaccines & Med Supplies	0	0	0	0	0	48.00
49.00	Subtotal - Reimbursable Pass through Costs	0	0	0	0	0	49.00
OTHER FOHC SERVICES							
60.00	Medicare Excluded Services	0	0	0	0	0	60.00
61.00	Diagnostic & Screening Lab Tests	0	21,139	21,139	0	21,139	61.00
62.00	Radiology - Diagnostic	0	60,812	60,812	0	60,812	62.00
63.00	Prosthetic Devices	0	0	0	0	0	63.00
64.00	Durable Medical Equipment	0	0	0	0	0	64.00
65.00	Ambulance Services	0	0	0	0	0	65.00
66.00	Telhealth	0	0	0	0	0	66.00
67.00	Drugs Charged to Patients	0	192	192	0	192	67.00
68.00	Chronic Care Management	0	0	0	0	0	68.00
69.00	Other	0	0	0	0	0	69.00
70.00	Subtotal - Other FOHC Services	0	82,143	82,143	0	82,143	70.00
NONREIMBURSABLE COST CENTERS							
77.00	Retail Pharmacy	0	0	0	0	0	77.00
78.00	Other Nonreimbursable	0	100	100	0	100	78.00
79.00	Subtotal - Non-Reimbursable Costs	0	100	100	0	100	79.00
100.00	TOTAL (sum of lines 13, 37, 49, 70, and 79)	3,492,770	1,593,481	5,086,251	0	5,086,251	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES FOR HOSPITAL-BASED FOHC

Provider CCN: 15-0056
Component CCN: 15-1804

Period:
From 01/01/2015
To 12/31/2015

Worksheet N-1
Date/Time Prepared:
3/30/2017 3:09 pm

		ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	FOHC I	Cost
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	Cap Rel Costs-Bldg and Fix	0	0		1.00
2.00	Cap Rel Costs-Mvble Equip	0	0		2.00
3.00	Employee Benefits	0	724,669		3.00
4.00	Administrative and General	-81,055	1,177,263		4.00
5.00	Plant Operation and Maintenance	0	99,381		5.00
6.00	Janitorial	0	43,808		6.00
7.00	Medical Records	0	142,753		7.00
8.00	Subtotal - Administrative Overhead	-81,055	2,187,874		8.00
9.00	Pharmacy	0	1,611		9.00
10.00	Medical Supplies	0	171,005		10.00
11.00	Transportation	0	959		11.00
12.00	Other General Service	0	0		12.00
13.00	Subtotal - Total Overhead	-81,055	2,361,449		13.00
DIRECT CARE COST CENTERS					
23.00	Physician	0	973,646		23.00
24.00	Physician Services Under Agreement	0	0		24.00
25.00	Physician Assistant	0	0		25.00
26.00	Nurse Practitioner	0	45,602		26.00
27.00	Visiting Registered Nurse	0	0		27.00
28.00	Visiting Licensed Practical Nurse	0	0		28.00
29.00	Certified Nurse Midwife	0	218,371		29.00
30.00	Clinical Psychologist	0	0		30.00
31.00	Clinical Social Worker	0	0		31.00
32.00	Laboratory Technician	0	37,331		32.00
33.00	Reg Dietician/Cert DSMT/MNT Educator	0	0		33.00
34.00	Physical Therapist	0	0		34.00
35.00	Occupational Therapist	0	0		35.00
36.00	Other Allied Health Personnel	0	1,286,554		36.00
37.00	Subtotal - Direct Patient Care Services	0	2,561,504		37.00
REIMBURSABLE PASS THROUGH COSTS					
47.00	Pneumococcal Vaccines & Med Supplies	0	0		47.00
48.00	Influenza Vaccines & Med Supplies	0	0		48.00
49.00	Subtotal - Reimbursable Pass through Costs	0	0		49.00
OTHER FOHC SERVICES					
60.00	Medicare Excluded Services	0	0		60.00
61.00	Diagnostic & Screening Lab Tests	0	21,139		61.00
62.00	Radiology - Diagnostic	0	60,812		62.00
63.00	Prosthetic Devices	0	0		63.00
64.00	Durable Medical Equipment	0	0		64.00
65.00	Ambulance Services	0	0		65.00
66.00	Telhealth	0	0		66.00
67.00	Drugs Charged to Patients	0	192		67.00
68.00	Chronic Care Management	0	0		68.00
69.00	Other	0	0		69.00
70.00	Subtotal - Other FOHC Services	0	82,143		70.00
NONREIMBURSABLE COST CENTERS					
77.00	Retail Pharmacy	0	0		77.00
78.00	Other Nonreimbursable	0	100		78.00
79.00	Subtotal - Non-Reimbursable Costs	0	100		79.00
100.00	TOTAL (sum of lines 13, 37, 49, 70, and 79)	-81,055	5,005,196		100.00

CALCULATION OF HOSPITAL-BASED FQHC COST PER VISIT

Provider CCN: 15-0056

Period: From 01/01/2015

Worksheet N-2

Component CCN: 15-1804

To 12/31/2015

Date/Time Prepared: 3/30/2017 3:09 pm

		FQHC I				Cost		
	Direct Cost by Practitioner from Wkst. N-1	Total Medical & Mental Health Visits by Practitioner	Other Direct Care Costs & Pharmacy Costs	General Service Cost	Total Costs by Practitioner	Average Cost Per Visit by Practitioner		
	1.00	2.00	3.00	4.00	5.00	6.00		
Positi ons								
1.00	Physi ci an	973,646	26,688	1,008,118	2,644,377	4,626,141	173.34	1.00
2.00	Physi ci an Servi ces Under Agreement	0	0	0	0	0	0.00	2.00
3.00	Physi ci an Assi stant	0	0	0	0	0	0.00	3.00
4.00	Nurse Practi ti oner	45,602	2,288	86,427	176,174	308,203	134.70	4.00
5.00	Vi si ti ng Regi stered Nurse	0	0	0	0	0	0.00	5.00
6.00	Vi si ti ng Li censed Practi cal Nurse	0	0	0	0	0	0.00	6.00
7.00	Certi fi ed Nurse Mi dwi fe	218,371	6,114	230,951	599,555	1,048,877	171.55	7.00
8.00	Cl i ni cal Psychol ogi st	0	0	0	0	0	0.00	8.00
9.00	Cl i ni cal Soci al Worker	0	0	0	0	0	0.00	9.00
10.00	Reg Di eti ci an/Cert DSMT/MNT Educator	0	0	0	0	0	0.00	10.00
11.00	Totals	1,237,619	35,090	1,325,496	3,420,106	5,983,221		11.00
12.00	Uni t Cost Mul ti pli er			37.774181	1.334355			12.00
13.00	Total Cost Per Vi si t						170.51	13.00
		Total Vi si ts		Ti tle XVI II Vi si ts		Ti tle XVI II Costs		
		Medi cal Vi si ts by Practi ti oner	Mental Heal th Vi si ts by Practi ti oner	Medi cal Vi si ts by Practi ti oner	Mental Heal th Vi si ts by Practi ti oner	Medi cal Cost by Practi ti oner	Mental Heal th Cost by Practi ti oner	
		7.00	8.00	9.00	10.00	11.00	12.00	
Positi ons								
1.00	Physi ci an	23,302	3,386	1,423	332	246,663	57,549	1.00
2.00	Physi ci an Servi ces Under Agreement	0	0	0	0	0	0	2.00
3.00	Physi ci an Assi stant	0	0	0	0	0	0	3.00
4.00	Nurse Practi ti oner	2,288	0	44	0	5,927	0	4.00
5.00	Vi si ti ng Regi stered Nurse	0	0	0	0	0	0	5.00
6.00	Vi si ti ng Li censed Practi cal Nurse	0	0	0	0	0	0	6.00
7.00	Certi fi ed Nurse Mi dwi fe	6,114	0	66	0	11,322	0	7.00
8.00	Cl i ni cal Psychol ogi st	0	0	0	0	0	0	8.00
9.00	Cl i ni cal Soci al Worker	0	0	0	0	0	0	9.00
10.00	Reg Di eti ci an/Cert DSMT/MNT Educator	0	0	0	0	0	0	10.00
11.00	Totals	31,704	3,386	1,533	332	263,912	57,549	11.00
12.00	Uni t Cost Mul ti pli er							12.00
13.00	Total Cost Per Vi si t					172.15	173.34	13.00

COMPUTATION OF HOSPITAL-BASED FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2015 To 12/31/2015	Worksheet N-3 Date/Time Prepared: 3/30/2017 3:09 pm	
		Title XVIII	FQHC I	Cost	
			PNEUMOCOCCAL	INFLUENZA	
			1.00	2.00	
1.00	Health care staff cost (from Worksheet N-1, column 7, sum of lines 23, and 25 through 36)		0	0	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000000	0.000000	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		0	0	3.00
4.00	Vaccines and related medical supplies cost (from Worksheet N-1, column 7, lines 47 and 48, respectively)		0	0	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 + line 4)		0	0	5.00
6.00	Total direct cost of the hospital-based FQHC (from Worksheet N-1, column 7, line 100, minus Worksheet N-1, column 7, line 8)		0	0	6.00
7.00	Total administrative overhead (from Worksheet N-1, column 7, line 8)		0	0	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 / line 6)		0.000000	0.000000	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		0	0	9.00
10.00	Total cost of pneumococcal and influenza vaccine and their administration (sum of lines 5 and 9)		0	0	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		0	0	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10 / line 11)		0.00	0.00	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Medicare beneficiaries		0	0	13.00
14.00	Cost of pneumococcal and influenza vaccines and their administration costs furnished to Medicare beneficiaries (line 12 x line 13)		0	0	14.00
				1.00	
15.00	Total cost of pneumococcal and influenza vaccines and their administration costs. (sum of columns 1 and 2, line 10)		0	0	15.00
16.00	Total Medicare cost of pneumococcal and influenza vaccines and their administration costs (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet N-4, line 2)			0	16.00

CALCULATION OF HOSPITAL-BASED FQHC REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2015 To 12/31/2015	Worksheet N-4 Date/Time Prepared: 3/30/2017 3:09 pm
		Title XVIII	FQHC I	Cost
				1.00
1.00	FQHC PPS Amount (see instructions)			1,444,678 1.00
2.00	Medicare cost of pneumococcal and influenza vaccine and administration (From Worksheet N-3, line 16)			0 2.00
3.00	Medicare advantage supplemental payments (for information only)			0 3.00
4.00	Total (sum of lines 1 through 2)			1,444,678 4.00
5.00	Primary payer payments			0 5.00
6.00	Total amount payable for program beneficiaries (line 4 minus line 5)			1,444,678 6.00
7.00	Coinurance billed to program beneficiaries			287,916 7.00
8.00	Net Medicare reimbursement excluding bad debts (line 6 minus line 7)			1,156,762 8.00
9.00	Allowable bad debts (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 11.00
12.00	Subtotal (line 8 plus line 10)			1,156,762 12.00
13.00	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			0 13.00
14.00	Amount due hospital-based FQHC prior to the sequestration adjustment (see instructions)			1,156,762 14.00
15.00	Sequestration adjustment (see instructions)			23,135 15.00
16.00	Amount due hospital-based FQHC after sequestration adjustment (see instructions)			1,133,627 16.00
17.00	Interim payments (from Worksheet N-5, column 2, line 4)			1,133,592 17.00
18.00	Tentative settlement (for contractor use only)			0 18.00
19.00	Balance due hospital-based FQHC/program (line 16 minus lines 17 and 18)			35 19.00
20.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 20.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED FOHC FOR SERVICES RENDERED		Provider CCN: 15-0056 Component CCN: 15-1804	Period: From 01/01/2015 To 12/31/2015	Worksheet N-5 Date/Time Prepared: 3/30/2017 3:09 pm	
			FOHC I	Cost	
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based FOHC			1,133,592	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01				0	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet N-4, line 17)			1,133,592	4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01				0	5.01
5.02				0	5.02
5.03				0	5.03
Provider to Program					
5.50				0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			0	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			1,133,592	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	
			1.00	2.00	
8.00	Name of Contractor	Wisconsin Physician Services	08001		8.00