

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

OMB NO. 0938-0050  
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 6/29/2021 2:46 pm
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**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically prepared cost report  
 2.  Manually prepared 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: 6/29/2021 Time: 2:46 pm

**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 PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL 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 01/01/2020 and ending 12/31/2020 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.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) JULIA KIDDER  
Officer or Administrator of Provider(s)

CFO  
Title

(Dated when report is electronically signed.)  
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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	4,700,786	-1,897,796	0	0	1.00
2.00 Subprovider - IPF	0	702	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing Bed - SNF	0	0	0	0	0	5.00
6.00 Swing Bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	4,701,488	-1,897,796	0	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 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 Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 1 Date/Time Prepared: 6/29/2021 2:46 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 PO Box:	3.00 State: IN	4.00 Zip Code: 46202	County: MARI ON
1.00 Street: 340 W 10TH ST	2.00 City: INDIANAPOLIS			

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital -Based Component Identification:										
3.00	Hospital	INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	INDIANA UNIVERSITY HEALTH IPF	15S056	26900	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF									9.00
10.00	Hospital -Based NF									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA	INDIANA UNIVERSITY HEALTH HOME CARE	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice	INDIANA UNIVERSITY HEALTH HOSPI CE	151511	26900		07/01/1966				14.00
15.00	Hospital -Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FQHC									16.00
17.00	Hospital -Based (CMHC) I									17.00
18.00	Renal Di alysi s	RI LEY HOSPI TAL RENAL SERVI CES	153522	26900		04/09/2007				18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2020	12/31/2020	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

Inpatient PPS Information										
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
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	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 6/29/2021 2:46 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.	24,570	7,844	871	1,420	92,706	186	24.00	
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		25.00	
						Urban/Rural Status	Date of Geographic Classification		
						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)							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)(i), (ii), or (iii)? 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)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					With	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.					With	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					or Y/N	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.					GME			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.					in			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N		59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.07	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.09	1		60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.10	1		60.04	
		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)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						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)						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)						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)						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)						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. Enter in column 4, the 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. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
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
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" Y for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		12.21	424.72	0.027945	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name 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)		12.85	494.77	0.025314	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	

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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			
67.00	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	4.00	32.26	0.110314		67.00
67.01		INTERNAL MEDICINE GENERAL	1400	0.72	46.21	0.015342		67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.15	0.93	0.138889		67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.54	29.31	0.049919		67.03
67.04		OBSTETRICS & GYNECOLOGY	1750	0.81	23.10	0.033877		67.04
67.05		PEDIATRICS GENERAL	2000	1.67	65.14	0.024996		67.05
					1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>								
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 is 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)			N	N	0	71.00	
<b>Inpatient Rehabilitation Facility PPS</b>								
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.						75.00	
76.00	If line 75 is 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)			N	N	0	76.00	
					1.00			
<b>Long Term Care Hospital PPS</b>								
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	
<b>TEFRA Providers</b>								
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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00	
					V XIX			
					1.00 2.00			
<b>Title V and XIX Services</b>								
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.			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	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	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	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	96.00	

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		V		XIX			
		1.00		2.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y			98.06	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
<b>Miscellaneous Cost Reporting Information</b>							
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				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 1 Date/Time Prepared: 6/29/2021 2:46 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	3,597,695	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 §312N 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	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 healthcare related taxes as defined in §1903(w)(3) of the Act? 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.		Y	5.06
<b>Transplant Center Information</b>				
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	Removed and reserved			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
<b>All Providers</b>				
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
		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
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		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	Y
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.			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



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 6/29/2021 2:46 pm	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? "Y" for yes or "N" for no.					Enter 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	166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §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)						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)					0.00	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)						170.00
						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 5,164	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 6/29/2021 2:46 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider 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 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 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.				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	04/02/2021	Y	04/02/2021
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 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 6/29/2021 2:46 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.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	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 01/01/2020  
To 12/31/2020

Worksheet S-2  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	DIRECTOR - GOVERNMENT PROGRAMS	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 01/01/2020  
To 12/31/2020

Worksheet S-3  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	931	340,740	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)		931	340,740	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,156	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	66	23,976	0.00	0	9.00
9.01 NEONATAL INTENSIVE CARE UNIT	32.01	98	35,868	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,660	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.02 UH SURG 61C	34.02	18	6,588	0.00	0	11.02
11.03 UH NS 31C	34.03	0	0	0.00	0	11.03
11.04 RH PED IC	34.04	38	13,728	0.00	0	11.04
11.05 TRANSPLANT ICU	34.05	8	2,928	0.00	0	11.05
11.06 PEDS CANCER CARE	34.06	12	4,392	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)		1,247	456,036	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,784		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	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)		1,271				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)		26	9,516			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-3  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	54,179	6,773	222,367			1.00
2.00 HMO and other (see instructions)	41,696	100,353				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	54,179	6,773	222,367			7.00
8.00 INTENSIVE CARE UNIT	5,779	8,723	19,329			8.00
9.00 CORONARY CARE UNIT	4,082	340	17,786			9.00
9.01 NEONATAL INTENSIVE CARE UNIT	0	5,329	29,108			9.01
10.00 BURN INTENSIVE CARE UNIT	3	103	1,841			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.02 UH SURG 61C	1,146	0	3,362			11.02
11.03 UH NS 31C	0	0	0			11.03
11.04 RH PED IC	37	2,533	8,677			11.04
11.05 TRANSPLANT ICU	712	0	2,057			11.05
11.06 PEDS CANCER CARE	149	0	3,348			11.06
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,257	4,092			13.00
14.00 Total (see instructions)	66,087	27,058	311,967	708.22	8,614.81	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,240	168	4,294	0.00	45.52	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	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	30,410	0	68,746	0.00	300.46	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	101.40	24.00
24.10 HOSPICE (non-distinct part)			1,281			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				708.22	9,062.19	27.00
28.00 Observation Bed Days		0	13,902			28.00
29.00 Ambulance Trips	8,543					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	186	4,494			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
33.01 LTCH site neutral days and discharges	0					33.01

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	9,590	2,454	44,898	1.00
2.00 HMO and other (see instructions)				5,785	10,982		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 61C							11.02
11.03 UH NS 31C							11.03
11.04 RH PED IC							11.04
11.05 TRANSPLANT ICU							11.05
11.06 PEDS CANCER CARE							11.06
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	9,590	2,454		44,898	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	94	0	0	538	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	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				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-3  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	691,894,236	-3,161,322	688,732,914	20,125,521.00	34.22
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		1,101,116	0	1,101,116	19,683.00	55.94
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	36,835,654	0	36,835,654	1,276,163.00	28.86
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)		72,213,822	30,705	72,244,527	2,241,913.00	32.22
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		15,275,400	0	15,275,400	219,717.00	69.52
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		17,276,961	0	17,276,961	126,902.36	136.14
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		170,481,020	0	170,481,020	4,829,105.00	35.30
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
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		189,893,418	0	189,893,418		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		22,543,777	0	22,543,777		
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		0	0	0		
23.00	Physician Part B		270,346	0	270,346		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		8,345,399	0	8,345,399		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-3  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00 121,518	350,922	472,440	3,757.00	125.75	26.00
27.00	Administrative & General	5.00 19,957,841	54,426	20,012,267	335,340.00	59.68	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00 4,722,408	-4,220	4,718,188	127,652.00	36.96	29.00
30.00	Operation of Plant	7.00 6,305,531	-16,819	6,288,712	237,458.00	26.48	30.00
31.00	Laundry & Linen Service	8.00 0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00 837,157	-1,422	835,735	52,381.00	15.95	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 9,649,836	-95,215	9,554,621	444,389.00	21.50	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00 0	0	0	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 22,460,862	-184,439	22,276,423	516,944.00	43.09	38.00
39.00	Central Services and Supply	14.00 8,385,014	-51,992	8,333,022	420,444.00	19.82	39.00
40.00	Pharmacy	15.00 32,022,327	-735,530	31,286,797	680,796.00	45.96	40.00
41.00	Medical Records & Medical Records Library	16.00 108,164	0	108,164	4,130.00	26.19	41.00
42.00	Social Service	17.00 5,334,137	-9,288	5,324,849	166,079.00	32.06	42.00
43.00	Other General Service	18.00 1,916,598	-11,272	1,905,326	102,771.00	18.54	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-3  
Part III  
Date/Time Prepared:  
6/29/2021 2:46 pm

Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
							1.00
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	653,957,466	-3,161,322	650,796,144	18,829,675.00	34.56	1.00
2.00	Excluded area salaries (see instructions)	72,213,822	30,705	72,244,527	2,241,913.00	32.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	581,743,644	-3,192,027	578,551,617	16,587,762.00	34.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	203,033,381	0	203,033,381	5,175,724.36	39.23	4.00
5.00	Subtotal wage-related costs (see inst.)	189,893,418	0	189,893,418	0.00	32.82	5.00
6.00	Total (sum of lines 3 thru 5)	974,670,443	-3,192,027	971,478,416	21,763,486.36	44.64	6.00
7.00	Total overhead cost (see instructions)	111,821,393	-704,849	111,116,544	3,092,141.00	35.94	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-3  
Part IV  
Date/Time Prepared:  
6/29/2021 2:46 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	57,033,578	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	365,350	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	33,900	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	101,103,995	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	2,934,398	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	380,954	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)	3,012,917	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,643,718	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106 cumulative portion)	Non 0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	48,889,831	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	861,047	20.00
<b>OTHER</b>			
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	3,793,253	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>221,052,941</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	<b>OTHER WAGE RELATED COSTS (SPECIFY)</b>		<b>25.00</b>

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 6/29/2021 2:46 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		15,275,400	221,052,941 1.00
2.00	Hospital		15,275,400	221,052,941 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			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 01/01/2020 To 12/31/2020		Worksheet S-4 Date/Time Prepared: 6/29/2021 2:46 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	
<b>HOME HEALTH AGENCY STATISTICAL DATA</b>							
1.00	Home Health Aide Hours	0	2,274	162	1,243	3,679	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,008.00	0.00	4,390.00	6,398.00	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		
<b>HOME HEALTH AGENCY - NUMBER OF EMPLOYEES</b>							
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)			8.52	0.00	8.52	4.00
5.00	Other Administrative Personnel			97.15	0.14	97.29	5.00
6.00	Direct Nursing Service			52.13	0.00	52.13	6.00
7.00	Nursing Supervisor			1.66	0.00	1.66	7.00
8.00	Physical Therapy Service			29.96	0.00	29.96	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			12.29	0.00	12.29	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.12	0.00	0.12	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			4.42	0.00	4.42	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.85	0.00	2.85	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	INFUSION AND RT			92.37	0.00	92.37	18.00
<b>HOME HEALTH AGENCY CBSA CODES</b>							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			5			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			14020			20.00
20.01				26900			20.01
20.02				29200			20.02
20.03				34620			20.03
20.04				99915			20.04
		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	
<b>PPS ACTIVITY DATA</b>							
21.00	Skilled Nursing Visits	8,065	2,124	386	71	10,646	21.00
22.00	Skilled Nursing Visit Charges	2,446,349	670,683	123,777	21,683	3,262,492	22.00
23.00	Physical Therapy Visits	9,394	2,646	445	26	12,511	23.00
24.00	Physical Therapy Visit Charges	3,542,711	1,001,322	169,058	9,838	4,722,929	24.00
25.00	Occupational Therapy Visits	2,677	1,918	40	18	4,653	25.00
26.00	Occupational Therapy Visit Charges	1,006,802	725,643	15,074	6,625	1,754,144	26.00
27.00	Speech Pathology Visits	112	238	5	0	355	27.00
28.00	Speech Pathology Visit Charges	41,762	90,398	1,900	0	134,060	28.00
29.00	Medical Social Service Visits	233	188	3	6	430	29.00
30.00	Medical Social Service Visit Charges	81,298	65,608	1,050	2,088	150,044	30.00
31.00	Home Health Aide Visits	1,048	741	1	25	1,815	31.00
32.00	Home Health Aide Visit Charges	171,320	120,525	165	4,105	296,115	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	21,529	7,855	880	146	30,410	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	7,290,242	2,674,179	311,024	44,339	10,319,784	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,679		472	11	3,162	36.00
37.00	Total Number of Outlier Episodes		378		4	382	37.00
38.00	Total Non-Routine Medical Supply Charges	35,233	4,915	3,256	173	43,577	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-5  
Date/Time Prepared:  
6/29/2021 2:46 pm

		Outpatient		Training		Home				
		Regular 1.00	High Flux 2.00	Hemodialysis 3.00	CAPD / CCPD 4.00	Hemodialysis 5.00	CAPD / CCPD 6.00			
1.00	Number of patients in program at end of cost reporting period	0	12	0	0	0	17	1.00		
2.00	Number of times per week patient receives dialysis	0.00	3.00	0.00	0.00	0.00	7.00	2.00		
3.00	Average patient dialysis time including setup	0.00	5.00	0.00	0.00			3.00		
4.00	CAPD exchanges per day				0.00		9.00	4.00		
5.00	Number of days in year dialysis furnished	0	365					5.00		
6.00	Number of stations	0	9	0	0			6.00		
7.00	Treatment capacity per day per station	0	2					7.00		
8.00	Utilization (see instructions)	0.00	72.75					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		
<b>ESRD PPS</b>										
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)								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 1.00		
								After 12/31 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
<b>TRANSPLANT INFORMATION</b>										
11.00	Number of patients on transplant list							2	11.00	
12.00	Number of patients transplanted during the cost reporting period							14	12.00	
<b>EPOETIN</b>										
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	
<b>ARANESP</b>										
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 1.00		
								INITIAL METHOD 2.00		
<b>PHYSICIAN PAYMENT METHOD</b>										
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	<p><b>ESAs</b></p> <p>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)</p>									
			0	0	0	0	0	22.00		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet S-5 Date/Time Prepared: 6/29/2021 2:46 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)			0 23.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2020 To 12/31/2020	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 6/29/2021 2:46 pm
				Hospice I

	Unduplicated Days	Hospice I					Total (sum of cols. 1, 2 & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		1.00	2.00	3.00	4.00	5.00		
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							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	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	66,693	4,582	6,203	77,478	11.00
12.00	Hospice Inpatient Respite Care	549	39	32	620	12.00
13.00	Hospice General Inpatient Care	3,630	418	417	4,465	13.00
14.00	Total Hospice Days	70,872	5,039	6,652	82,563	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	112	0	8	120	15.00
16.00	Hospice General Inpatient Care	1,608	56	141	1,805	16.00



HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet S-10

Date/Time Prepared:  
6/29/2021 2:46 pm

		1.00			
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.230347	1.00		
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid	417,449,888	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 and/or supplemental payments from Medicaid?	Y	4.00		
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00		
6.00	Medicaid charges	2,533,165,255	6.00		
7.00	Medicaid cost (line 1 times line 6)	583,507,017	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)	166,057,129	8.00		
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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		
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	2,370,875	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	1,366,795	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	2,618,307	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)	247,432	16.00		
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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 17, 18, and 16)	866,120,561	19.00		
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	129,035,835	2,557,825	131,593,660	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	29,723,017	2,557,825	32,280,842	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	29,723,017	2,557,825	32,280,842	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			87,542,551	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,507,681	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,319,508	27.01
28.00	Non-Medicare bad debt expense (see instructions)			85,223,043	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			20,442,699	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			52,723,541	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			219,028,102	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A

Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	49,792,242	49,792,242	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,710,376	63,084,955	64,795,331	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	121,518	33,475	154,993	120,422,544	4.00
5.01	00540	NONPATIENT TELEPHONES	0	39,455	39,455	64,161	5.01
5.02	00550	DATA PROCESSING	0	9,586	9,586	-9,040	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	284	48,721	49,005	-2,350	5.03
5.04	00570	ADMINISTRATIVE	0	43,098	43,098	-7,080	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	19,957,557	493,705,323	513,662,880	-51,141,180	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,722,408	19,703,975	24,426,383	-1,247,769	6.00
7.00	00700	OPERATION OF PLANT	6,305,531	16,622,215	22,927,746	-2,902,627	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	84,971	84,971	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	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	436,447	412,553	849,000	-166,659	9.04
9.05	00905	HOUSEKEEPING - MORGAN	400,710	228,354	629,064	-136,944	9.05
10.00	01000	DIETARY	9,649,836	7,867,293	17,517,129	-2,804,709	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	22,290,020	16,739,751	39,029,771	-4,246,424	13.00
13.01	01851	PARAMED ADMINISTRATION	170,842	74,754	245,596	-35,360	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,385,014	11,314,553	19,699,567	94,185,797	14.00
15.00	01500	PHARMACY	32,022,327	145,542,322	177,564,649	-137,296,544	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	108,164	1,905,376	2,013,540	-4,640	16.00
17.00	01700	SOCIAL SERVICE	5,334,137	3,771,495	9,105,632	-1,127,301	17.00
18.00	01850	PATIENT TRANSPORTATION	1,916,598	1,690,335	3,606,933	-647,860	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	36,835,654	11,418,901	48,254,555	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	53,986	37,985,673	38,039,659	9,985,492	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
23.01	02301	PARAMED 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	617,199	151,243	768,442	-401,691	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	842,540	241,250	1,083,790	547,683	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	161,550	50,186	211,736	106,915	23.09
23.10	02310	PARAMED PHARMACY TECH	143,640	50,183	193,823	72,683	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	122,571,261	90,721,124	213,292,385	-46,748,223	30.00
31.00	03100	INTENSIVE CARE UNIT	14,309,608	6,347,143	20,656,751	-5,006,891	31.00
32.00	03200	CORONARY CARE UNIT	15,534,818	9,414,092	24,948,910	-6,915,453	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	18,495,077	7,656,055	26,151,132	-5,995,498	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,767,910	870,739	2,638,649	-625,633	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	2,985,979	1,982,517	4,968,496	-1,116,085	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PED IC	8,188,973	6,871,158	15,060,131	-3,370,823	34.04
34.05	03404	TRANSPLANT ICU	1,693,074	971,662	2,664,736	-627,446	34.05
34.06	03407	PEDS CANCER CARE	1,866,700	836,628	2,703,328	-633,987	34.06
40.00	04000	SUBPROVIDER - IPF	2,938,523	1,900,952	4,839,475	-886,358	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	1,343,532	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	37,361,086	145,245,209	182,606,295	-128,789,085	50.00
50.01	05001	ENDOSCOPY	1,438,527	1,849,357	3,287,884	-1,586,414	50.01
51.00	05100	RECOVERY ROOM	7,175,921	3,703,501	10,879,422	-2,335,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,455,040	4,987,387	6,442,427	3,673,627	52.00
53.00	05300	ANESTHESIOLOGY	1,135,799	24,275,974	25,411,773	-4,286,448	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,220,469	1,444,917	4,665,386	-1,153,836	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,720,154	45,337,978	76,058,132	-38,427,952	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,729,515	7,946,697	12,676,212	-3,646,813	55.00
56.00	05600	RADIOISOTOPE	1,024,295	10,544,786	11,569,081	-10,128,221	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,148,499	3,416,057	4,564,556	-3,035,763	59.00
60.00	06000	LABORATORY	49,352,970	171,025,678	220,378,648	-56,506,173	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	980,736	2,294,142	3,274,878	-1,815,583	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	2,982,923	16,379,224	19,362,147	-2,782,521	63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A  
Date/Time Prepared:  
6/29/2021 2:46 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	
65.00	06500 RESPIRATORY THERAPY	20,568,008	11,911,662	32,479,670	-10,239,015	22,240,655	65.00
66.00	06600 PHYSICAL THERAPY	18,743,665	8,077,468	26,821,133	-4,779,966	22,041,167	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,951,604	1,139,538	5,091,142	-631,503	4,459,639	67.00
68.00	06800 SPEECH PATHOLOGY	4,575,881	1,604,151	6,180,032	-931,468	5,248,564	68.00
69.00	06900 ELECTROCARDIOLOGY	2,672,249	5,054,633	7,726,882	-1,940,705	5,786,177	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,024,647	3,355,693	8,380,340	-1,666,180	6,714,160	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	51,567,763	51,567,763	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	78,390,434	78,390,434	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	235,296,581	235,296,581	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	8,505,869	229,766,035	238,271,904	-1,554,854	236,717,050	73.03
74.00	07400 RENAL DIALYSIS	3,608,240	3,209,079	6,817,319	-2,697,784	4,119,535	74.00
76.00	03020 RH NBN ECMO I/C	1,115,280	631,182	1,746,462	-566,647	1,179,815	76.00
76.01	03140 CARDIOLOGY	1,031,724	11,207,620	12,239,344	-11,059,888	1,179,456	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,146,557	1,493,962	2,640,519	-310,078	2,330,441	76.02
76.03	03950 CARDIAC CATH	5,150,531	13,741,198	18,891,729	-11,063,283	7,828,446	76.03
76.04	03951 DAY SURGERY	3,396,049	2,018,845	5,414,894	-1,262,898	4,151,996	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	2,187,287	535,857	2,723,144	-387,035	2,336,109	76.08
76.97	07697 CARDIAC REHABILITATION	457,990	383,712	841,702	-136,254	705,448	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	777,207	3,544,941	4,322,148	-993,374	3,328,774	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	708,419	874,232	1,582,651	-637,095	945,556	90.01
90.02	09002 IUSCC HEM/ONC	15,278,418	95,797,980	111,076,398	-81,992,792	29,083,606	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	581,080	762,001	1,343,081	-679,688	663,393	90.03
90.04	09004 AMB SVC-PSYCH ADULT	827,321	280,461	1,107,782	-189,690	918,092	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	2,018,667	817,859	2,836,526	-511,877	2,324,649	90.06
90.07	09007 AMB SVC-RILEY CLINICS	5,813,913	4,243,420	10,057,333	-1,769,711	8,287,622	90.07
90.08	09008 MOTILITY LAB	150,050	135,270	285,320	-124,997	160,323	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	556	556	0	556	90.10
90.11	09023 SLEEP LAB	3,485,618	6,031,262	9,516,880	-1,362,744	8,154,136	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 INFUSION CLINIC	254,646	6,399,123	6,653,769	-6,215,847	437,922	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	812,596	493,972	1,306,568	-386,145	920,423	90.17
90.18	09016 DERMATOLOGY CLINIC	843,687	417,237	1,260,924	-324,206	936,718	90.18
90.19	09017 INFUSION/HEM/ONC	5,199	89,989	95,188	-30,926	64,262	90.19
90.20	09025 IUMG - MH	0	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	24,987	935,679	960,666	-933,205	27,461	90.21
90.22	09020 EATING DISORDERS CLINIC	1,142,168	1,242,705	2,384,873	-229,644	2,155,229	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	1,293,317	437,022	1,730,339	-355,041	1,375,298	90.23
90.24	09021 LIFE CARE CLINIC	1,382,616	749,905	2,132,521	-469,051	1,663,470	90.24
91.00	09100 EMERGENCY	23,294,557	27,113,936	50,408,493	-8,493,326	41,915,167	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	16,593,365	28,860,919	45,454,284	-9,032,789	36,421,495	95.00
101.00	10100 HOME HEALTH AGENCY	22,327,565	68,162,200	90,489,765	-1,700,696	88,789,069	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	6,012,868	15,674,839	21,687,707	-5,644,617	16,043,090	105.00
106.00	10600 HEART ACQUISITION	835,623	2,256,148	3,091,771	-321,786	2,769,985	106.00
107.00	10700 LIVER ACQUISITION	1,164,398	10,263,406	11,427,804	-136,037	11,291,767	107.00
108.00	10800 LUNG ACQUISITION	1,070,493	5,042,501	6,112,994	-1,057,476	5,055,518	108.00
109.00	10900 PANCREAS ACQUISITION	392,648	1,222,778	1,615,426	-202,958	1,412,468	109.00
110.00	11000 INTESTINAL ACQUISITION	141,370	471,183	612,553	1,036	613,589	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	298,119	1,605,616	1,903,735	-44,551	1,859,184	112.00
112.01	08601 POST TRANSPLANT EXPENSES	0	32	32	4,329,105	4,329,137	112.01
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600 HOSPICE	7,204,905	10,121,807	17,326,712	-5,498,256	11,828,456	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	680,425,220	1,925,648,008	2,606,073,228	5,700,033	2,611,773,261	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,267	229,217	356,484	-48,671	307,813	190.00
191.00	19100 RESEARCH	1,953,355	1,005,042	2,958,397	-436,095	2,522,302	191.00
191.01	19101 RESEARCH-GCRC	747,444	322,092	1,069,536	-305,493	764,043	191.01
191.02	19102 OSA	2,673,411	1,613,407	4,286,818	-392,700	3,894,118	191.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet A Date/Time Prepared: 6/29/2021 2:46 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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,090,007	2,090,007	-251,216	1,838,791	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	5,546,388	7,559,652	13,106,040	-4,098,567	9,007,473	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	4,788,914	4,788,914	-306	4,788,608	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	208,658	168,656	377,314	-132,838	244,476	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	212,493	95,509	308,002	-34,147	273,855	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	691,894,236	1,943,520,504	2,635,414,740	0	2,635,414,740	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,538,588	55,330,830	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,391,825	79,187,156	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,161,550	144,739,087	4.00
5.01	00540	NONPATIENT TELEPHONES	-65,415	38,201	5.01
5.02	00550	DATA PROCESSING	87,333,736	87,334,282	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	8,014,862	8,061,517	5.03
5.04	00570	ADMINISTRATIVE	17,231,585	17,267,603	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	53,328,105	53,328,105	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-258,028,868	204,492,832	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,527,481	33,706,095	6.00
7.00	00700	OPERATION OF PLANT	29,949,853	49,974,972	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	84,971	8.00
9.00	00900	HOUSEKEEPING	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	4,371,586	4,371,586	9.01
9.02	00902	HOUSEKEEPING - RILEY	3,865,363	3,865,363	9.02
9.03	00903	HOUSEKEEPING - METHODIST	6,490,954	6,490,954	9.03
9.04	00904	HOUSEKEEPING - SAXONY	0	682,341	9.04
9.05	00905	HOUSEKEEPING - MORGAN	0	492,120	9.05
10.00	01000	DIETARY	-261,193	14,451,227	10.00
11.00	01100	CAFETERIA	507,754	507,754	11.00
13.00	01300	NURSING ADMINISTRATION	-3,320,593	31,462,754	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	-11,090	199,146	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-58,768	113,826,596	14.00
15.00	01500	PHARMACY	-3,772,484	36,495,621	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,614,236	17,623,136	16.00
17.00	01700	SOCIAL SERVICE	-2,558,499	5,419,832	17.00
18.00	01850	PATIENT TRANSPORTATION	0	2,959,073	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	48,254,555	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	58,114	48,083,265	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	-7,210	359,541	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	5,647	1,637,120	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	-60,800	257,851	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	-18,105	248,401	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-33,927,716	132,616,446	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,423	15,648,437	31.00
32.00	03200	CORONARY CARE UNIT	-559,257	17,474,200	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-6,087	20,149,547	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	-47,587	1,965,429	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	03401	UH SURG 61C	-3,447	3,848,964	34.02
34.03	03402	UH NS 31C	0	0	34.03
34.04	03403	RH PEDIC	-2,636,113	9,053,195	34.04
34.05	03404	TRANSPLANT ICU	0	2,037,290	34.05
34.06	03407	PEDS CANCER CARE	0	2,069,341	34.06
40.00	04000	SUBPROVIDER - IPF	-855,075	3,098,042	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,343,532	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-10,528,645	43,288,565	50.00
50.01	05001	ENDOSCOPY	0	1,701,470	50.01
51.00	05100	RECOVERY ROOM	-20	8,544,352	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,547,930	6,568,124	52.00
53.00	05300	ANESTHESIOLOGY	-17,245,757	3,879,568	53.00
53.01	05301	PULMONARY FUNCTION TESTING	-26,277	3,485,273	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-965,786	36,664,394	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-3,691,713	5,337,686	55.00
56.00	05600	RADIOISOTOPE	-113,205	1,327,655	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,528,793	59.00
60.00	06000	LABORATORY	-147,526,444	16,346,031	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-31	1,459,264	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	-4,728,510	11,851,116	63.00
65.00	06500	RESPIRATORY THERAPY	-493,910	21,746,745	65.00
66.00	06600	PHYSICAL THERAPY	-409,449	21,631,718	66.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
67.00	06700	OCCUPATIONAL THERAPY	-54,083	4,405,556	67.00
68.00	06800	SPEECH PATHOLOGY	-69,966	5,178,598	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,784,948	3,001,229	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,186,817	5,527,343	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	51,567,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	78,390,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	235,296,581	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	-1,285,806	235,431,244	73.03
74.00	07400	RENAL DIALYSIS	0	4,119,535	74.00
76.00	03020	RH NBN ECMO IC	0	1,179,815	76.00
76.01	03140	CARDIOLOGY	0	1,179,456	76.01
76.02	03550	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	-1,105,059	1,225,382	76.02
76.03	03950	CARDIAC CATH	-2,543,336	5,285,110	76.03
76.04	03951	DAY SURGERY	-840	4,151,156	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	2,336,109	76.08
76.97	07697	CARDIAC REHABILITATION	0	705,448	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	-31,135	3,297,639	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	-406,132	539,424	90.01
90.02	09002	IUSCC HEM/ONC	-10,626,830	18,456,776	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	-97,600	565,793	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	918,092	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	-208,266	2,116,383	90.06
90.07	09007	AMB SVC-RILEY CLINICS	-7,775,655	511,967	90.07
90.08	09008	MOTILITY LAB	-3,133	157,190	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	556	90.10
90.11	09023	SLEEP LAB	-4,963,014	3,191,122	90.11
90.12	09024	OP CARE ADULTS	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	90.13
90.14	09012	INFUSION CLINIC	-33,800	404,122	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	-284,156	636,267	90.17
90.18	09016	DERMATOLOGY CLINIC	-158,311	778,407	90.18
90.19	09017	INFUSION/HEM/ONC	0	64,262	90.19
90.20	09025	IUMG - MH	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	27,461	90.21
90.22	09020	EATING DISORDERS CLINIC	-459,455	1,695,774	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	-183,663	1,191,635	90.23
90.24	09021	LIFE CARE CLINIC	-115,597	1,547,873	90.24
91.00	09100	EMERGENCY	-12,706,618	29,208,549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-8,100,429	28,321,066	95.00
101.00	10100	HOME HEALTH AGENCY	-13,863,002	74,926,067	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	-568,619	15,474,471	105.00
106.00	10600	HEART ACQUISITION	140,014	2,909,999	106.00
107.00	10700	LIVER ACQUISITION	-1,505,535	9,786,232	107.00
108.00	10800	LUNG ACQUISITION	-1,195,962	3,859,556	108.00
109.00	10900	PANCREAS ACQUISITION	-49,168	1,363,300	109.00
110.00	11000	INTESTINAL ACQUISITION	-78,146	535,443	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	-1,519,159	340,025	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	4,329,137	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-368,127	11,460,329	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-288,278,521	2,323,494,740	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	307,813	190.00
191.00	19100	RESEARCH	-186	2,522,116	191.00
191.01	19101	RESEARCH-GCRC	-965,779	-201,736	191.01
191.02	19102	OSA	-49,661	3,844,457	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,835,323	3,468	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-1,747,789	7,259,684	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	-4,769,436	19,172	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 6/29/2021 2:46 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
192.04	19204	MHH RADIOLOGY	6.00	7.00	192.04
192.06	19206	BELTWAY SURGERY	0	0	192.06
192.07	19207	RHI	0	244,476	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	273,855	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-297,646,695	2,337,768,045	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	116,912,309	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00



	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
0			0	116,912,309		
<b>B - PEDS THERAPY</b>						
1.00	OCCUPATIONAL THERAPY	67.00	141,113	35,971		1.00
2.00	SPEECH PATHOLOGY	68.00	195,591	49,858		2.00
0			336,704	85,829		
<b>C - DEPRECIATION</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	47,693,371		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	62,950,609		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
47.00		0.00	0	0	0				47.00
48.00		0.00	0	0	0				48.00
49.00		0.00	0	0	0				49.00
50.00		0.00	0	0	0				50.00
51.00		0.00	0	0	0				51.00
52.00		0.00	0	0	0				52.00
53.00		0.00	0	0	0				53.00
54.00		0.00	0	0	0				54.00
55.00		0.00	0	0	0				55.00
56.00		0.00	0	0	0				56.00
57.00		0.00	0	0	0				57.00
58.00		0.00	0	0	0				58.00
59.00		0.00	0	0	0				59.00
60.00		0.00	0	0	0				60.00
61.00		0.00	0	0	0				61.00
62.00		0.00	0	0	0				62.00
63.00		0.00	0	0	0				63.00
64.00		0.00	0	0	0				64.00
65.00		0.00	0	0	0				65.00
66.00		0.00	0	0	0				66.00
67.00		0.00	0	0	0				67.00
68.00		0.00	0	0	0				68.00
69.00		0.00	0	0	0				69.00
70.00		0.00	0	0	0				70.00
71.00		0.00	0	0	0				71.00
72.00		0.00	0	0	0				72.00
73.00		0.00	0	0	0				73.00
74.00		0.00	0	0	0				74.00
75.00		0.00	0	0	0				75.00
76.00		0.00	0	0	0				76.00
77.00		0.00	0	0	0				77.00
78.00		0.00	0	0	0				78.00
79.00		0.00	0	0	0				79.00
80.00		0.00	0	0	0				80.00
81.00		0.00	0	0	0				81.00
82.00		0.00	0	0	0				82.00
83.00		0.00	0	0	0				83.00
84.00		0.00	0	0	0				84.00
85.00		0.00	0	0	0				85.00
0			0	110,643,980					
<b>D - SUPPLIES &amp; IMPLANTS</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	51,567,763					1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	78,390,434					2.00
3.00	PURCHASING, RECEIVING & STORES	5.03	0	1,783					3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	38,455					4.00
5.00	NURSING ADMINISTRATION	13.00	0	259,934					5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	99,184,667					6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	141					7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	602					8.00
9.00	RADIOISOTOPE	56.00	0	14,775					9.00
10.00	OUTPATIENT RETAIL PHARMACY	73.03	0	13,884					10.00
11.00	LIVER ACQUISITION	107.00	0	2,561					11.00
12.00	OTHER ORGAN ACQUISITION EXP	112.00	0	60					12.00
13.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1					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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
0			0	229,475,060		
<b>E - DRUGS</b>						
1.00	PHARMACY	15.00	0	4,364,370		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	223,874,906		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,325		3.00
4.00	SOCIAL SERVICE	17.00	0	2,029		4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	277		5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	272		6.00
7.00	HOME HEALTH AGENCY	101.00	0	213,787		7.00
8.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	100		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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
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
0			0	228,464,066	
F - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	700	1.00
0			0	700	
G - NURSERY & L&D					
1.00	NURSERY	43.00	1,141,725	118,108	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	4,892,100	491,460	2.00
0			6,033,825	609,568	
H - SLEEP LAB					
1.00	SLEEP LAB	90.11	199,154	0	1.00
0			199,154	0	
I - OB SERVICES					
1.00	NURSERY	43.00	60,557	23,142	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	259,475	96,297	2.00
0			320,032	119,439	
J - RADIOLOGY PARAMED					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	372,961	28,532	1.00
0			372,961	28,532	
K - PHARMACIST PARAMED					
1.00	PARAMED PHARMACY	23.07	650,440	49,758	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
0			650,440	49,758	

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6

Date/Time Prepared:  
6/29/2021 2:46 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>L - PHARMACY TECH PARAMED</b>					
1.00	PARAMED PHARMACY TECH	23.10	98,301	7,520	1.00
2.00	_____	0.00	0	0	2.00
	0		98,301	7,520	
<b>N - ORGAN</b>					
1.00	LUNG ACQUISITION	108.00	147,465	15,409	1.00
2.00	HEART ACQUISITION	106.00	333,417	57,771	2.00
3.00	LIVER ACQUISITION	107.00	665,377	105,485	3.00
4.00	PANCREAS ACQUISITION	109.00	7,572	13,259	4.00
5.00	INTESTINAL ACQUISITION	110.00	68,320	21,700	5.00
	0		1,222,151	213,624	
<b>O - PRE-POST TRANSPLANT</b>					
1.00	POST TRANSPLANT EXPENSES	112.01	3,814,920	514,185	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		3,814,920	514,185	
<b>R - SURGICAL TECH PARAMED</b>					
1.00	PARAMED SURGERY TECHNOLOGY	23.09	129,171	9,882	1.00
2.00	_____	0.00	0	0	2.00
	0		129,171	9,882	
<b>S - ACADEMIC SUPPORT</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	9,999,999	1.00
	0		0	9,999,999	
<b>T - PHONE</b>					
1.00	NONPATIENT TELEPHONES	5.01	0	65,415	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
	0		0	65,415	
<b>U - ACCRUED PTO RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	350,922	0	1.00
2.00	_____	0.00	0	0	2.00
3.00	_____	0.00	0	0	3.00
4.00	_____	0.00	0	0	4.00
	TOTALS		350,922	0	
<b>V - RADIO PHARM RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,667,426	1.00
2.00	_____	0.00	0	0	2.00
3.00	_____	0.00	0	0	3.00
	0		0	11,667,426	
<b>W - PTO AS STD</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,161,322	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	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
0			0	3,161,322		
<b>X - PROPERTY TAXES</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	339,989		1.00
2.00	OPERATING ROOM	50.00	0	1,560		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
0			0	341,549		

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>Y - PASTORAL ED RECLASSES</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	266,326	28,584	1.00	
	0		266,326	28,584		
<b>Z - TRANSPLANT SURGERY MED DIRECTOR</b>						
1.00	KIDNEY ACQUISITION	105.00	0	77,426	1.00	
2.00	HEART ACQUISITION	106.00	0	2,985	2.00	
3.00	LIVER ACQUISITION	107.00	0	62,780	3.00	
4.00	LUNG ACQUISITION	108.00	0	3,731	4.00	
5.00	PANCREAS ACQUISITION	109.00	0	52,425	5.00	
6.00	INTESTINAL ACQUISITION	110.00	0	50,653	6.00	
	0		0	250,000		
<b>AA - RESPIRATORY THERAPY PARAMED</b>						
1.00	RESPIRATORY THERAPY	65.00	193,137	14,775	1.00	
2.00		0.00	0	0	2.00	
	0		193,137	14,775		
<b>BB - PROPERTY INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,758,882	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	294,201	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	
	0		0	2,053,083		
<b>CC - HOME CARE OFFSET REVISION</b>						
1.00	HOME HEALTH AGENCY	101.00	0	3,699,514	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	3,699,514		
<b>DD - ALTEPLASE RECLASS</b>						
1.00	LIVER ACQUISITION	107.00	0	245,751	1.00	
	0		0	245,751		
<b>EE - INPATIENT ROUTINE</b>						
1.00	ADULTS & PEDIATRICS	30.00	56,963	5,430	1.00	
	TOTALS		56,963	5,430		
500.00	Grand Total: Increases		14,045,007	718,667,300	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6  
Date/Time Prepared:  
6/29/2021 2:46 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - BENEFITS</b>							
1.00	PURCHASING, RECEIVING & STORES	5.03	0	4	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,932,516	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	799,428	0		3.00
4.00	OPERATION OF PLANT	7.00	0	1,354,801	0		4.00
5.00	HOUSEKEEPING - SAXONY	9.04	0	155,761	0		5.00
6.00	HOUSEKEEPING - MORGAN	9.05	0	127,588	0		6.00
7.00	DIETARY	10.00	0	2,337,923	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,281,009	0		8.00
9.00	PARAMEDICAL ADMINISTRATION	13.01	0	31,209	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,367,599	0		10.00
11.00	PHARMACY	15.00	0	4,608,817	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,640	0		12.00
13.00	SOCIAL SERVICE	17.00	0	1,119,742	0		13.00
14.00	PATIENT TRANSPORTATION	18.00	0	607,613	0		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	14,648	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,483	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	50,710	0		17.00
18.00	PARAMED PASTORAL EDUCATION	23.05	0	106,781	0		18.00
19.00	LABORATORY	60.00	0	42,290	0		19.00
20.00	PARAMED PHARMACY	23.07	0	152,515	0		20.00
21.00	PARAMED SURGERY TECHNOLOGY	23.09	0	31,424	0		21.00
22.00	PARAMED PHARMACY TECH	23.10	0	30,592	0		22.00
23.00	ADULTS & PEDIATRICS	30.00	0	21,912,635	0		23.00
24.00	INTENSIVE CARE UNIT	31.00	0	2,170,194	0		24.00
25.00	CORONARY CARE UNIT	32.00	0	2,807,902	0		25.00
26.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	3,415,905	0		26.00
27.00	BURN INTENSIVE CARE UNIT	33.00	0	311,234	0		27.00
28.00	UH SURGIC	34.02	0	412,792	0		28.00
29.00	RHPEDIC	34.04	0	1,838,096	0		29.00
30.00	TRANSPLANT ICU	34.05	0	236,459	0		30.00
31.00	PEDS CANCER CARE	34.06	0	324,754	0		31.00
32.00	SUBPROVIDER - IPF	40.00	0	568,115	0		32.00
33.00	OPERATING ROOM	50.00	0	6,799,349	0		33.00
34.00	ENDOSCOPY	50.01	0	261,007	0		34.00
35.00	RECOVERY ROOM	51.00	0	1,467,164	0		35.00
36.00	DELIVERY ROOM & LABOR ROOM	52.00	0	116,975	0		36.00
37.00	ANESTHESIOLOGY	53.00	0	274,986	0		37.00
38.00	PULMONARY FUNCTION TESTING	53.01	0	648,167	0		38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,232,951	0		39.00
40.00	RADIOLOGY-THERAPEUTIC	55.00	0	677,944	0		40.00
41.00	RADIOISOTOPE	56.00	0	165,547	0		41.00
42.00	CARDIAC CATHETERIZATION	59.00	0	233,302	0		42.00
43.00	LABORATORY	60.00	0	10,384,211	0		43.00
44.00	TRANSPLANT IMMUNOLOGY	60.01	0	215,728	0		44.00
45.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	478,919	0		45.00
46.00	RESPIRATORY THERAPY	65.00	0	3,588,322	0		46.00
47.00	PHYSICAL THERAPY	66.00	0	3,101,471	0		47.00
48.00	OCCUPATIONAL THERAPY	67.00	0	671,023	0		48.00
49.00	SPEECH PATHOLOGY	68.00	0	799,336	0		49.00
50.00	ELECTROCARDIOLOGY	69.00	0	471,653	0		50.00
51.00	ELECTROENCEPHALOGRAPHY	70.00	0	814,046	0		51.00
52.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,362,272	0		52.00
53.00	RENAL DIALYSIS	74.00	0	602,435	0		53.00
54.00	RH NBN ECMOIC	76.00	0	210,922	0		54.00
55.00	CARDIOLOGY	76.01	0	213,116	0		55.00
56.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	203,794	0		56.00
57.00	CARDIAC CATH	76.03	0	842,010	0		57.00
58.00	DAY SURGERY	76.04	0	619,126	0		58.00
59.00	ECMO-ADULT	76.08	0	269,618	0		59.00
60.00	CARDIAC REHABILITATION	76.97	0	92,372	0		60.00
61.00	AMB SVC-OB & GYN	90.01	0	147,346	0		61.00
62.00	IUSCC HEM/ONC	90.02	0	2,787,132	0		62.00
63.00	AMB SVC-OPHTHALMOLOGY	90.03	0	140,501	0		63.00
64.00	AMB SVC-PSYCH ADULT	90.04	0	187,973	0		64.00
65.00	OUTPATIENT SURGERY	90.06	0	363,026	0		65.00
66.00	AMB SVC-RILEY CLINICS	90.07	0	961,159	0		66.00
67.00	MOTILITY LAB	90.08	0	18,317	0		67.00
68.00	SLEEP LAB	90.11	0	707,331	0		68.00
69.00	INFUSION CLINIC	90.14	0	48,659	0		69.00



RECLASSIFICATIONS

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Period:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
70.00	PHYSICAL MEDICINE	90.17	0	190,334	0	70.00	
71.00	DERMATOLOGY CLINIC	90.18	0	171,947	0	71.00	
72.00	INFUSION/HEM/ONC	90.19	0	186	0	72.00	
73.00	OP REHAB CLINIC	90.21	0	13,480	0	73.00	
74.00	EATING DISORDERS CLINIC	90.22	0	211,009	0	74.00	
75.00	GASTROENTEROLOGY CLINIC	90.23	0	303,677	0	75.00	
76.00	LIFE CARE CLINIC	90.24	0	362,214	0	76.00	
77.00	EMERGENCY	91.00	0	4,032,362	0	77.00	
78.00	AMBULANCE SERVICES	95.00	0	3,251,528	0	78.00	
79.00	HOME HEALTH AGENCY	101.00	0	3,969,271	0	79.00	
80.00	KIDNEY ACQUISITION	105.00	0	983,103	0	80.00	
81.00	HEART ACQUISITION	106.00	0	117,882	0	81.00	
82.00	LIVER ACQUISITION	107.00	0	223,931	0	82.00	
83.00	LUNG ACQUISITION	108.00	0	168,534	0	83.00	
84.00	PANCREAS ACQUISITION	109.00	0	47,960	0	84.00	
85.00	INTESTINAL ACQUISITION	110.00	0	21,107	0	85.00	
86.00	OTHER ORGAN ACQUISITION EXP	112.00	0	44,611	0	86.00	
87.00	HOSPICE	116.00	0	1,243,236	0	87.00	
88.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	28,874	0	88.00	
89.00	RESEARCH	191.00	0	281,977	0	89.00	
90.00	RESEARCH-GCRC	191.01	0	213,024	0	90.00	
91.00	OSA	191.02	0	198,114	0	91.00	
92.00	OTHER	192.01	0	1,238,576	0	92.00	
93.00	NONREIMBURSABLE-METHODIST RHI	192.07	0	43,060	0	93.00	
94.00	CARDIO PHYSICIANS	192.10	0	33,414	0	94.00	
95.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	137,509	0	95.00	
0			0	116,912,309			
<b>B - PEDS THERAPY</b>							
1.00	PHYSICAL THERAPY	66.00	336,704	85,829	0	1.00	
2.00		0.00	0	0	0	2.00	
0			336,704	85,829			
<b>C - DEPRECIATION</b>							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	159,855	9	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,224	9	2.00	
3.00	NONPATIENT TELEPHONES	5.01	0	1,254	0	3.00	
4.00	DATA PROCESSING	5.02	0	9,032	0	4.00	
5.00	PURCHASING, RECEIVING & STORES	5.03	0	4,056	0	5.00	
6.00	ADMITTING	5.04	0	4,859	0	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36,376,188	0	7.00	
8.00	MAINTENANCE & REPAIRS	6.00	0	482,488	0	8.00	
9.00	OPERATION OF PLANT	7.00	0	1,505,736	0	9.00	
10.00	HOUSEKEEPING - SAXONY	9.04	0	4,759	0	10.00	
11.00	HOUSEKEEPING - MORGAN	9.05	0	1,452	0	11.00	
12.00	DIETARY	10.00	0	325,784	0	12.00	
13.00	NURSING ADMINISTRATION	13.00	0	1,037,849	0	13.00	
14.00	PARAMEDICAL ADMINISTRATION	13.01	0	4,147	0	14.00	
15.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,460,475	0	15.00	
16.00	PHARMACY	15.00	0	603,360	0	16.00	
17.00	PATIENT TRANSPORTATION	18.00	0	23,749	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	16,746	0	18.00	
19.00	ADULTS & PEDIATRICS	30.00	0	3,509,820	0	19.00	
20.00	INTENSIVE CARE UNIT	31.00	0	522,570	0	20.00	
21.00	CORONARY CARE UNIT	32.00	0	921,679	0	21.00	
22.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	832,031	0	22.00	
23.00	BURN INTENSIVE CARE UNIT	33.00	0	107,423	0	23.00	
24.00	UH SURG 6IC	34.02	0	93,598	0	24.00	
25.00	RH PEDIC	34.04	0	389,882	0	25.00	
26.00	TRANSPLANT ICU	34.05	0	47,984	0	26.00	
27.00	PEDS CANCER CARE	34.06	0	105,534	0	27.00	
28.00	SUBPROVIDER - IPF	40.00	0	267,414	0	28.00	
29.00	OPERATING ROOM	50.00	0	17,456,874	0	29.00	
30.00	ENDOSCOPY	50.01	0	147,504	0	30.00	
31.00	RECOVERY ROOM	51.00	0	316,102	0	31.00	
32.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,945,656	0	32.00	
33.00	ANESTHESIOLOGY	53.00	0	492,685	0	33.00	
34.00	PULMONARY FUNCTION TESTING	53.01	0	196,192	0	34.00	
35.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,304,045	0	35.00	
36.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,690,527	0	36.00	
37.00	RADIOISOTOPE	56.00	0	752,520	0	37.00	
38.00	CARDIAC CATHETERIZATION	59.00	0	141,164	0	38.00	

RECLASSIFICATIONS

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
39.00	LABORATORY	60.00	0	5,531,642	0	39.00
40.00	TRANSPLANT IMMUNOLOGY	60.01	0	134,483	0	40.00
41.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	69,262	0	41.00
42.00	RESPIRATORY THERAPY	65.00	0	910,002	0	42.00
43.00	PHYSICAL THERAPY	66.00	0	340,588	0	43.00
44.00	OCCUPATIONAL THERAPY	67.00	0	471	0	44.00
45.00	SPEECH PATHOLOGY	68.00	0	213,570	0	45.00
46.00	ELECTROCARDIOLOGY	69.00	0	1,217,248	0	46.00
47.00	ELECTROENCEPHALOGRAPHY	70.00	0	585,998	0	47.00
48.00	OUTPATIENT RETAIL PHARMACY	73.03	0	73,271	0	48.00
49.00	RENAL DIALYSIS	74.00	0	269,904	0	49.00
50.00	RH NBN ECMO IC	76.00	0	43,507	0	50.00
51.00	CARDIOLOGY	76.01	0	1,398,460	0	51.00
52.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	34,232	0	52.00
53.00	CARDIAC CATH	76.03	0	2,982,452	0	53.00
54.00	DAY SURGERY	76.04	0	36,031	0	54.00
55.00	ECMO-ADULT	76.08	0	98,988	0	55.00
56.00	CARDIAC REHABILITATION	76.97	0	38,560	0	56.00
57.00	AMB SVC-OB & GYN	90.01	0	41,573	0	57.00
58.00	IUSCC HEM/ONC	90.02	0	774,732	0	58.00
59.00	AMB SVC-OPHTHALMOLOGY	90.03	0	154,550	0	59.00
60.00	AMB SVC-PSYCH ADULT	90.04	0	175	0	60.00
61.00	OUTPATIENT SURGERY	90.06	0	126,118	0	61.00
62.00	AMB SVC-RILEY CLINICS	90.07	0	254,452	0	62.00
63.00	MOTILITY LAB	90.08	0	37,449	0	63.00
64.00	SLEEP LAB	90.11	0	179,099	0	64.00
65.00	INFUSION CLINIC	90.14	0	22,427	0	65.00
66.00	PHYSICAL MEDICINE	90.17	0	2,478	0	66.00
67.00	DERMATOLOGY CLINIC	90.18	0	54,350	0	67.00
68.00	INFUSION/HEM/ONC	90.19	0	25,082	0	68.00
69.00	OP REHAB CLINIC	90.21	0	2,693	0	69.00
70.00	EATING DISORDERS CLINIC	90.22	0	11,468	0	70.00
71.00	GASTROENTEROLOGY CLINIC	90.23	0	13,174	0	71.00
72.00	EMERGENCY	91.00	0	832,739	0	72.00
73.00	AMBULANCE SERVICES	95.00	0	4,926,767	0	73.00
74.00	HOME HEALTH AGENCY	101.00	0	257,307	0	74.00
75.00	KIDNEY ACQUISITION	105.00	0	844,824	0	75.00
76.00	HEART ACQUISITION	106.00	0	654	0	76.00
77.00	HOSPICE	116.00	0	23,619	0	77.00
78.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	18,555	0	78.00
79.00	RESEARCH	191.00	0	85,028	0	79.00
80.00	RESEARCH-GCRC	191.01	0	28,235	0	80.00
81.00	OSA	191.02	0	4,185	0	81.00
82.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,216	0	82.00
83.00	OTHER	192.01	0	2,653,840	0	83.00
84.00	NONREIMBURSABLE-METHODIST	192.02	0	394	0	84.00
85.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	394	0	84.00
	RHI	192.07	0	23,911	0	85.00
			0	110,643,980		
<b>D - SUPPLIES &amp; IMPLANTS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	549	0	1.00
2.00	DATA PROCESSING	5.02	0	8	0	2.00
3.00	ADMINISTRATIVE	5.04	0	2,221	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	970,099	0	4.00
5.00	OPERATION OF PLANT	7.00	0	16,066	0	5.00
6.00	HOUSEKEEPING - SAXONY	9.04	0	5,713	0	6.00
7.00	HOUSEKEEPING - MORGAN	9.05	0	6,908	0	7.00
8.00	DIETARY	10.00	0	42,097	0	8.00
9.00	PARAMEDICAL ADMINISTRATIVE	13.01	0	4	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,125,554	0	10.00
11.00	PHARMACY	15.00	0	1,383,866	0	11.00
12.00	SOCIAL SERVICE	17.00	0	300	0	12.00
13.00	PATIENT TRANSPORTATION	18.00	0	5,226	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	3,866	0	14.00
15.00	LABORATORY	60.00	0	6,746	0	15.00
16.00	PARAMED SURGERY TECHNOLOGY	23.09	0	714	0	16.00
17.00	PARAMED PHARMACY TECH	23.10	0	1,793	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	12,781,036	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	2,139,504	0	19.00
20.00	CORONARY CARE UNIT	32.00	0	2,838,152	0	20.00

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6/29/2021 2:46 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
21.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	1,446,410	0	21.00
22.00	BURN INTENSIVE CARE UNIT	33.00	0	179,285	0	22.00
23.00	UH SURG 61C	34.02	0	572,645	0	23.00
24.00	RH PED IC	34.04	0	923,275	0	24.00
25.00	TRANSPLANT ICU	34.05	0	320,363	0	25.00
26.00	PEDS CANCER CARE	34.06	0	145,914	0	26.00
27.00	SUBPROVIDER - IPF	40.00	0	31,000	0	27.00
28.00	OPERATING ROOM	50.00	0	103,435,203	0	28.00
29.00	ENDOSCOPY	50.01	0	1,153,821	0	29.00
30.00	RECOVERY ROOM	51.00	0	471,929	0	30.00
31.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2	0	31.00
32.00	ANESTHESIOLOGY	53.00	0	2,506,208	0	32.00
33.00	PULMONARY FUNCTION TESTING	53.01	0	214,378	0	33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,362,210	0	34.00
35.00	RADIOLOGY-THERAPEUTIC	55.00	0	243,399	0	35.00
36.00	CARDIAC CATHETERIZATION	59.00	0	2,605,117	0	36.00
37.00	LABORATORY	60.00	0	40,177,812	0	37.00
38.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,464,443	0	38.00
39.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,223,741	0	39.00
40.00	RESPIRATORY THERAPY	65.00	0	5,443,865	0	40.00
41.00	PHYSICAL THERAPY	66.00	0	787,352	0	41.00
42.00	OCCUPATIONAL THERAPY	67.00	0	100,604	0	42.00
43.00	SPEECH PATHOLOGY	68.00	0	135,368	0	43.00
44.00	ELECTROCARDIOLOGY	69.00	0	55,539	0	44.00
45.00	ELECTROENCEPHALOGRAPHY	70.00	0	255,055	0	45.00
46.00	RENAL DIALYSIS	74.00	0	1,669,162	0	46.00
47.00	RH NBN ECMO IC	76.00	0	286,896	0	47.00
48.00	CARDIOLOGY	76.01	0	9,410,595	0	48.00
49.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	54,943	0	49.00
50.00	CARDIAC CATH	76.03	0	7,106,886	0	50.00
51.00	DAY SURGERY	76.04	0	557,917	0	51.00
52.00	ECMO-ADULT	76.08	0	16,472	0	52.00
53.00	CARDIAC REHABILITATION	76.97	0	5,131	0	53.00
54.00	AMB SVC-OB & GYN	90.01	0	56,113	0	54.00
55.00	IUSCC HEM/ONC	90.02	0	1,157,199	0	55.00
56.00	AMB SVC-OPHTHALMOLOGY	90.03	0	16,687	0	56.00
57.00	AMB SVC-PSYCH ADULT	90.04	0	541	0	57.00
58.00	OUTPATIENT SURGERY	90.06	0	18,868	0	58.00
59.00	AMB SVC-RILEY CLINICS	90.07	0	253,572	0	59.00
60.00	MOTILITY LAB	90.08	0	69,155	0	60.00
61.00	SLEEP LAB	90.11	0	152,000	0	61.00
62.00	INFUSION CLINIC	90.14	0	13,694	0	62.00
63.00	PHYSICAL MEDICINE	90.17	0	14,257	0	63.00
64.00	DERMATOLOGY CLINIC	90.18	0	86,510	0	64.00
65.00	INFUSION/HEM/ONC	90.19	0	1,507	0	65.00
66.00	OP REHAB CLINIC	90.21	0	555	0	66.00
67.00	EATING DISORDERS CLINIC	90.22	0	6,942	0	67.00
68.00	GASTROENTEROLOGY CLINIC	90.23	0	7,202	0	68.00
69.00	LIFE CARE CLINIC	90.24	0	1,289	0	69.00
70.00	EMERGENCY	91.00	0	3,209,707	0	70.00
71.00	AMBULANCE SERVICES	95.00	0	505,793	0	71.00
72.00	HOME HEALTH AGENCY	101.00	0	944,896	0	72.00
73.00	KIDNEY ACQUISITION	105.00	0	709,103	0	73.00
74.00	HEART ACQUISITION	106.00	0	809	0	74.00
75.00	LUNG ACQUISITION	108.00	0	4,758	0	75.00
76.00	HOSPICE	116.00	0	172,085	0	76.00
77.00	RESEARCH	191.00	0	21,128	0	77.00
78.00	RESEARCH-GCRC	191.01	0	60,526	0	78.00
79.00	OSA	191.02	0	152,865	0	79.00
80.00	OTHER	192.01	0	84,022	0	80.00
81.00	NONREIMBURSABLE-METHODIST					
	OTHER NONREIMBURSABLE - IUMC	192.02	0	12	0	81.00
82.00	RHI	192.07	0	59,170	0	82.00
83.00	CARDIO PHYSICIANS	192.10	0	733	0	83.00
			0	229,475,060		
	E - DRUGS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	236	0	1.00
2.00	PURCHASING, RECEIVING & STORES	5.03	0	73	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	29,440	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	88	0	4.00
5.00	DIETARY	10.00	0	3,539	0	5.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6  
Date/Time Prepared:  
6/29/2021 2:46 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	6.00	7.00	8.00	9.00	10.00		
6.00	NURSING ADMINISTRATION	13.00	0	65	0		6.00
7.00	PHARMACY	15.00	0	134,279,874	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	166	0		8.00
9.00	PARAMED PHARMACY TECH	23.10	0	753	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	880,147	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	102,994	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	299,812	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	192,010	0		13.00
14.00	BURN INTENSIVE CARE UNIT	33.00	0	10,311	0		14.00
15.00	UH SURG 6IC	34.02	0	37,050	0		15.00
16.00	RH PEDI C	34.04	0	129,343	0		16.00
17.00	TRANSPLANT ICU	34.05	0	22,640	0		17.00
18.00	PEDS CANCER CARE	34.06	0	33,222	0		18.00
19.00	SUBPROVIDER - IPF	40.00	0	56	0		19.00
20.00	OPERATING ROOM	50.00	0	772,679	0		20.00
21.00	ENDOSCOPY	50.01	0	8,061	0		21.00
22.00	RECOVERY ROOM	51.00	0	48,323	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,007,220	0		23.00
24.00	PULMONARY FUNCTION TESTING	53.01	0	11,513	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,807,606	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	30,765	0		26.00
27.00	RADIOISOTOPE	56.00	0	224,250	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	48,685	0		28.00
29.00	LABORATORY	60.00	0	36,156	0		29.00
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,591	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	128,005	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	5,922	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	2,588	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	33,124	0		34.00
35.00	RENAL DIALYSIS	74.00	0	138,889	0		35.00
36.00	RH NBN ECMO IC	76.00	0	3,607	0		36.00
37.00	CARDIOLOGY	76.01	0	30,402	0		37.00
38.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	246	0		38.00
39.00	CARDIAC CATH	76.03	0	117,608	0		39.00
40.00	DAY SURGERY	76.04	0	8,141	0		40.00
41.00	CARDIAC REHABILITATION	76.97	0	191	0		41.00
42.00	AMB SVC-OB & GYN	90.01	0	386,193	0		42.00
43.00	IUSCC HEM/ONC	90.02	0	77,133,735	0		43.00
44.00	AMB SVC-OPHTHALMOLOGY	90.03	0	366,210	0		44.00
45.00	OUTPATIENT SURGERY	90.06	0	1,087	0		45.00
46.00	AMB SVC-RILEY CLINICS	90.07	0	256,951	0		46.00
47.00	MOTILITY LAB	90.08	0	76	0		47.00
48.00	INFUSION CLINIC	90.14	0	6,131,067	0		48.00
49.00	PHYSICAL MEDICINE	90.17	0	172,142	0		49.00
50.00	DERMATOLOGY CLINIC	90.18	0	10,314	0		50.00
51.00	INFUSION/HEM/ONC	90.19	0	4,151	0		51.00
52.00	OP REHAB CLINIC	90.21	0	915,240	0		52.00
53.00	GASTROENTEROLOGY CLINIC	90.23	0	9,956	0		53.00
54.00	LIFE CARE CLINIC	90.24	0	98,733	0		54.00
55.00	EMERGENCY	91.00	0	224,671	0		55.00
56.00	AMBULANCE SERVICES	95.00	0	143,685	0		56.00
57.00	KIDNEY ACQUISITION	105.00	0	247,518	0		57.00
58.00	HEART ACQUISITION	106.00	0	9,392	0		58.00
59.00	LIVER ACQUISITION	107.00	0	89	0		59.00
60.00	LUNG ACQUISITION	108.00	0	118,714	0		60.00
61.00	HOSPICE	116.00	0	770,622	0		61.00
62.00	RESEARCH-GCRC	191.01	0	3,255	0		62.00
63.00	OSA	191.02	0	37,536	0		63.00
64.00	OTHER	192.01	0	72,776	0		64.00
65.00	RHI	192.07	0	6,697	0		65.00
66.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	855,865	0		66.00
			0	228,464,066			
<b>F - BLOOD</b>							
1.00	CARDIAC CATH	76.03	0	700	0		1.00
			0	700			
<b>G - NURSERY &amp; L&amp;D</b>							
1.00	ADULTS & PEDIATRICS	30.00	6,033,825	609,568	0		1.00
2.00		0.00	0	0	0		2.00
			6,033,825	609,568			

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6  
Date/Time Prepared:  
6/29/2021 2:46 pm

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
<b>H - SLEEP LAB</b>						
1.00	HOME HEALTH AGENCY	101.00	199,154	0	0	1.00
	O		199,154	0		
<b>I - OB SERVICES</b>						
1.00	ADULTS & PEDIATRICS	30.00	320,032	119,439	0	1.00
2.00	O	0.00	0	0	0	2.00
			320,032	119,439		
<b>J - RADIOLOGY PARAMED</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	372,961	28,532	0	1.00
	O		372,961	28,532		
<b>K - PHARMACIST PARAMED</b>						
1.00	PHARMACY	15.00	602,539	46,094	0	1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	13,618	1,042	0	2.00
3.00	IUSCC HEM/ONC	90.02	28,513	2,181	0	3.00
4.00	OTHER	192.01	5,770	441	0	4.00
	NONREIMBURSABLE-METHODIST					
	O		650,440	49,758		
<b>L - PHARMACY TECH PARAMED</b>						
1.00	PHARMACY	15.00	28,236	2,160	0	1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	70,065	5,360	0	2.00
	O		98,301	7,520		
<b>N - ORGAN</b>						
1.00	KIDNEY ACQUISITION	105.00	1,222,151	213,624	0	1.00
2.00	O	0.00	0	0	0	2.00
3.00	O	0.00	0	0	0	3.00
4.00	O	0.00	0	0	0	4.00
5.00	O	0.00	0	0	0	5.00
	O		1,222,151	213,624		
<b>O - PRE-POST TRANSPLANT</b>						
1.00	LUNG ACQUISITION	108.00	786,219	145,856	0	1.00
2.00	KIDNEY ACQUISITION	105.00	1,338,120	140,851	0	2.00
3.00	HEART ACQUISITION	106.00	541,847	41,474	0	3.00
4.00	LIVER ACQUISITION	107.00	840,110	147,844	0	4.00
5.00	PANCREAS ACQUISITION	109.00	205,979	22,275	0	5.00
6.00	INTESTINAL ACQUISITION	110.00	102,645	15,885	0	6.00
	O		3,814,920	514,185		
<b>R - SURGICAL TECH PARAMED</b>						
1.00	ADULTS & PEDIATRICS	30.00	353	27	0	1.00
2.00	OPERATING ROOM	50.00	128,818	9,855	0	2.00
	O		129,171	9,882		
<b>S - ACADEMIC SUPPORT</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,999,999	0	1.00
	O		0	9,999,999		
<b>T - PHONE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,607	0	1.00
2.00	DIETARY	10.00	0	151	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	2,996	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,575	0	4.00
5.00	PHARMACY	15.00	0	1,213	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	3,416	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	89	0	7.00
8.00	RH PEDI C	34.04	0	470	0	8.00
9.00	SUBPROVIDER - I PF	40.00	0	2,120	0	9.00
10.00	OPERATING ROOM	50.00	0	2,869	0	10.00
11.00	PULMONARY FUNCTION TESTING	53.01	0	185	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	477	0	12.00
13.00	RADIOISOTOPE	56.00	0	908	0	13.00
14.00	LABORATORY	60.00	0	2,119	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	634	0	15.00
16.00	SPEECH PATHOLOGY	68.00	0	104	0	16.00
17.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,874	0	17.00
18.00	CARDIAC CATH	76.03	0	1,006	0	18.00
19.00	IUSCC HEM/ONC	90.02	0	1,096	0	19.00
20.00	AMB SVC-RILEY CLINICS	90.07	0	502	0	20.00
21.00	PHYSICAL MEDICINE	90.17	0	466	0	21.00
22.00	EATING DISORDERS CLINIC	90.22	0	200	0	22.00
23.00	EMERGENCY	91.00	0	9,756	0	23.00
24.00	AMBULANCE SERVICES	95.00	0	2,101	0	24.00
25.00	HOME HEALTH AGENCY	101.00	0	1,719	0	25.00
26.00	KIDNEY ACQUISITION	105.00	0	18,695	0	26.00
27.00	HEART ACQUISITION	106.00	0	526	0	27.00
28.00	HOSPICE	116.00	0	541	0	28.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6  
Date/Time Prepared:  
6/29/2021 2:46 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0		0	65,415		
<b>U - ACCRUED PTO RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	164,424	0	0	1.00
2.00	SLEEP LAB	90.11	6,197	0	0	2.00
3.00	HOME HEALTH AGENCY	101.00	106,157	0	0	3.00
4.00	HOSPICE	116.00	74,144	0	0	4.00
	<b>TOTALS</b>		<b>350,922</b>	<b>0</b>		
<b>V - RADIO PHARM RECLASS</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,524,331	0	1.00
2.00	RADIOISOTOPE	56.00	0	8,996,888	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	146,207	0	3.00
	0		0	11,667,426		
<b>W - PTO AS STD</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	47,476	0	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	4,220	0	0	2.00
3.00	OPERATION OF PLANT	7.00	16,819	0	0	3.00
4.00	HOUSEKEEPING - SAXONY	9.04	426	0	0	4.00
5.00	HOUSEKEEPING - MORGAN	9.05	996	0	0	5.00
6.00	DIETARY	10.00	95,215	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	184,439	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	51,992	0	0	8.00
9.00	PHARMACY	15.00	104,755	0	0	9.00
10.00	SOCIAL SERVICE	17.00	9,288	0	0	10.00
11.00	PATIENT TRANSPORTATION	18.00	11,272	0	0	11.00
12.00	LABORATORY	60.00	2,869	0	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	640,318	0	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	71,540	0	0	14.00
15.00	CORONARY CARE UNIT	32.00	47,908	0	0	15.00
16.00	NEONATAL INTENSIVE CARE UNIT	32.01	109,142	0	0	16.00
17.00	BURN INTENSIVE CARE UNIT	33.00	17,380	0	0	17.00
18.00	RH PEDIC	34.04	89,757	0	0	18.00
19.00	PEDS CANCER CARE	34.06	24,563	0	0	19.00
20.00	SUBPROVIDER - IPF	40.00	17,653	0	0	20.00
21.00	OPERATING ROOM	50.00	184,998	0	0	21.00
22.00	ENDOSCOPY	50.01	16,021	0	0	22.00
23.00	RECOVERY ROOM	51.00	31,532	0	0	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	3,072	0	0	24.00
25.00	ANESTHESIOLOGY	53.00	5,349	0	0	25.00
26.00	PULMONARY FUNCTION TESTING	53.01	49,262	0	0	26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	150,435	0	0	27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	4,178	0	0	28.00
29.00	RADIOISOTOPE	56.00	2,883	0	0	29.00
30.00	CARDIAC CATHETERIZATION	59.00	7,495	0	0	30.00
31.00	LABORATORY	60.00	200,260	0	0	31.00
32.00	TRANSPLANT IMMUNOLOGY	60.01	929	0	0	32.00
33.00	BLOOD STORING, PROCESSING & TRANS.	63.00	9,708	0	0	33.00
34.00	RESPIRATORY THERAPY	65.00	131,472	0	0	34.00
35.00	PHYSICAL THERAPY	66.00	112,832	0	0	35.00
36.00	OCCUPATIONAL THERAPY	67.00	36,766	0	0	36.00
37.00	SPEECH PATHOLOGY	68.00	25,951	0	0	37.00
38.00	ELECTROCARDIOLOGY	69.00	16,934	0	0	38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	11,353	0	0	39.00
40.00	OUTPATIENT RETAIL PHARMACY	73.03	41,083	0	0	40.00
41.00	RENAL DIALYSIS	74.00	17,394	0	0	41.00
42.00	RH NBN ECMO IC	76.00	21,715	0	0	42.00
43.00	CARDIOLOGY	76.01	7,315	0	0	43.00
44.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	16,863	0	0	44.00
45.00	CARDIAC CATH	76.03	12,621	0	0	45.00
46.00	DAY SURGERY	76.04	41,683	0	0	46.00
47.00	ECMO-ADULT	76.08	1,957	0	0	47.00
48.00	AMB SVC-OB & GYN	90.01	5,870	0	0	48.00
49.00	IUSCC HEM/ONC	90.02	53,713	0	0	49.00
50.00	AMB SVC-OPHTHALMOLOGY	90.03	1,740	0	0	50.00
51.00	AMB SVC-PSYCH ADULT	90.04	1,001	0	0	51.00
52.00	OUTPATIENT SURGERY	90.06	2,778	0	0	52.00
53.00	AMB SVC-RILEY CLINICS	90.07	43,075	0	0	53.00
54.00	SLEEP LAB	90.11	6,718	0	0	54.00
55.00	PHYSICAL MEDICINE	90.17	6,468	0	0	55.00
56.00	DERMATOLOGY CLINIC	90.18	1,085	0	0	56.00
57.00	OP REHAB CLINIC	90.21	1,237	0	0	57.00

RECLASSIFICATIONS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-6  
Date/Time Prepared:  
6/29/2021 2:46 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
58.00	GASTROENTEROLOGY CLINIC	90.23	21,032	0	0		58.00
59.00	LIFE CARE CLINIC	90.24	6,815	0	0		59.00
60.00	EMERGENCY	91.00	121,698	0	0		60.00
61.00	AMBULANCE SERVICES	95.00	31,300	0	0		61.00
62.00	HOME HEALTH AGENCY	101.00	88,599	0	0		62.00
63.00	KIDNEY ACQUISITION	105.00	4,054	0	0		63.00
64.00	HEART ACQUISITION	106.00	3,375	0	0		64.00
65.00	LIVER ACQUISITION	107.00	6,017	0	0		65.00
66.00	HOSPICE	116.00	25,048	0	0		66.00
67.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,243	0	0		67.00
68.00	RESEARCH-GCRC	191.01	453	0	0		68.00
69.00	OTHER	192.01	17,914	0	0		69.00
	NONREIMBURSABLE-METHODIST						
	0		3,161,322	0			
<b>X - PROPERTY TAXES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	180,916	13		1.00
2.00	LABORATORY	60.00	0	9,705	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	8,076	0		3.00
4.00	IUSCC HEM/ONC	90.02	0	50,887	0		4.00
5.00	HOME HEALTH AGENCY	101.00	0	19,868	0		5.00
6.00	RESEARCH	191.00	0	47,962	0		6.00
7.00	OTHER	192.01	0	24,135	0		7.00
	NONREIMBURSABLE-METHODIST						
	0		0	341,549			
<b>Y - PASTORAL ED RECLASSES</b>							
1.00	PARAMED PASTORAL EDUCATION	23.05	266,326	28,584	0		1.00
	0		266,326	28,584			
<b>Z - TRANSPLANT SURGERY MED DIRECTOR</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	250,000	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
6.00		0.00	0	0	0		6.00
	0		0	250,000			
<b>AA - RESPIRATORY THERAPY PARAMED</b>							
1.00	PULMONARY FUNCTION TESTING	53.01	31,713	2,426	0		1.00
2.00	RESPIRATORY THERAPY	65.00	161,424	12,349	0		2.00
	0		193,137	14,775			
<b>BB - PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,727,425	12		1.00
2.00	OPERATION OF PLANT	7.00	0	9,205	12		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16	0		3.00
4.00	LABORATORY	60.00	0	112,363	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	558	0		5.00
6.00	OUTPATIENT RETAIL PHARMACY	73.03	0	153	0		6.00
7.00	IUSCC HEM/ONC	90.02	0	3,604	0		7.00
8.00	EATING DISORDERS CLINIC	90.22	0	25	0		8.00
9.00	AMBULANCE SERVICES	95.00	0	171,615	0		9.00
10.00	HOME HEALTH AGENCY	101.00	0	27,026	0		10.00
11.00	OTHER	192.01	0	1,093	0		11.00
	NONREIMBURSABLE-METHODIST						
	0		0	2,053,083			
<b>CC - HOME CARE OFFSET REVISION</b>							
1.00	HOSPICE	116.00	0	3,188,961	0		1.00
2.00	SLEEP LAB	90.11	0	510,553	0		2.00
	TOTALS		0	3,699,514			
<b>DD - ALTEPLASE RECLASS</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	245,751	0		1.00
	0		0	245,751			
<b>EE - INPATIENT ROUTINE</b>							
1.00	EMERGENCY	91.00	56,963	5,430	0		1.00
	TOTALS		56,963	5,430			
500.00	Grand Total: Decreases		17,206,329	715,505,978			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-7  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	177,770,937	8,046,682	0	8,046,682	8,686,924	1.00
2.00	Land Improvements	28,330,911	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,187,427,720	2,440,816	0	2,440,816	0	3.00
4.00	Building Improvements	797,736,123	9,380,894	0	9,380,894	-18,415	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	1,472,286,475	74,167,958	0	74,167,958	8,912,607	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,663,552,166	94,036,350	0	94,036,350	17,581,116	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	3,663,552,166	94,036,350	0	94,036,350	17,581,116	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	177,130,695	0				1.00
2.00	Land Improvements	28,330,911	1,518,925				2.00
3.00	Buildings and Fixtures	1,189,868,536	204,102,603				3.00
4.00	Building Improvements	807,135,432	287,888,913				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	1,537,541,826	963,686,074				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	3,740,007,400	1,457,196,515				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	3,740,007,400	1,457,196,515				10.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-7  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 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	1,710,376	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	1,710,376	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	1,710,376				2.00
3.00	Total (sum of lines 1-2)	0	1,710,376				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet A-7 Part III Date/Time Prepared: 6/29/2021 2:46 pm
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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	2,202,465,574	0	2,202,465,574	0.588895	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,537,529,021	0	1,537,529,021	0.411105	0	2.00
3.00	Total (sum of lines 1-2)	3,739,994,595	0	3,739,994,595	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col. 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	53,231,959	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	77,182,579	1,710,376	2.00
3.00	Total (sum of lines 1-2)	0	0	0	130,414,538	1,710,376	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 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	1,758,882	339,989	0	55,330,830	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	294,201	0	0	79,187,156	2.00
3.00	Total (sum of lines 1-2)	0	2,053,083	339,989	0	134,517,986	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	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	-125,163,459				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	314,763,335				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 employees 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 and allied health education (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	-62,533	0	DIETARY	10.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8

Date/Time Prepared:  
6/29/2021 2:46 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.
				To/From Which the Amount is to be Adjusted		
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	5.00
33.01	FRINGE BENEFIT TO HOME OFFICE	A	-116,925,225	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02	MISC OTHER OP REVENUE	B	-31,135	ALLOGENEIC STEM CELL ACQUISITION	77.00	0 33.02
33.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.03
33.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.04
33.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.05
33.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.06
33.07	CLASS & LECTURE REVENUE	B	-22,354	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.07
33.08	CLASS & LECTURE REVENUE	B	-1,769	SOCIAL SERVICE	17.00	0 33.08
33.09	CLASS & LECTURE REVENUE	B	-2,475	PARAMED ED ADMINISTRATION	13.01	0 33.09
33.10	CLASS & LECTURE REVENUE	B	-135,249	RADIOLOGY-DIAGNOSTIC	54.00	0 33.10
33.11	CLASS & LECTURE REVENUE	B	-493,810	RESPIRATORY THERAPY	65.00	0 33.11
33.12	CLASS & LECTURE REVENUE	B	-65,327	LABORATORY	60.00	0 33.12
33.13	CLASS & LECTURE REVENUE	B	-71,369	PARAMED SURGERY TECHNOLOGY	23.09	0 33.13
33.14	CLASS & LECTURE REVENUE	B	-17,445	PARAMED PHARMACY TECH	23.10	0 33.14
33.15	CLASS & LECTURE REVENUE	B	-1,304	ADULTS & PEDIATRICS	30.00	0 33.15
33.16	CLASS & LECTURE REVENUE	B	-8,984	EMERGENCY	91.00	0 33.16
33.17	MISC OTHER OP REVENUE - RETAIL PHARM	B	-1,285,485	OUTPATIENT RETAIL PHARMACY	73.03	0 33.17
33.18	MISC OTHER OP REVENUE	B	-49,817	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.18
33.19	MISC OTHER OP REVENUE	B	-1,193,653	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.19
33.20	MISC OTHER OP REVENUE	B	-250,820	OPERATION OF PLANT	7.00	0 33.20
33.21	MISC OTHER OP REVENUE	B	-1,042,306	PHARMACY	15.00	0 33.21
33.22	MISC OTHER OP REVENUE	B	-7,210	PARAMED PASTORAL EDUCATION	23.05	0 33.22
33.23	MISC OTHER OP REVENUE	B	5,079	ADULTS & PEDIATRICS	30.00	0 33.23
33.24	MISC OTHER OP REVENUE	B	-70	NEONATAL INTENSIVE CARE UNIT	32.01	0 33.24
33.25	MISC OTHER OP REVENUE	B	-1,077,554	OPERATING ROOM	50.00	0 33.25
33.26	MISC OTHER OP REVENUE	B	-5,970	PULMONARY FUNCTION TESTING	53.01	0 33.26
33.27	MISC OTHER OP REVENUE	B	-91,922	RADIOLOGY-DIAGNOSTIC	54.00	0 33.27
33.28	MISC OTHER OP REVENUE	B	-16,607,161	LABORATORY	60.00	0 33.28
33.29	MISC OTHER OP REVENUE	B	-97,824	PHYSICAL THERAPY	66.00	0 33.29
33.30	MISC OTHER OP REVENUE	B	-54,083	OCCUPATIONAL THERAPY	67.00	0 33.30
33.31	MISC OTHER OP REVENUE	B	-5,670	SPEECH PATHOLOGY	68.00	0 33.31
33.32	MISC OTHER OP REVENUE	B	-46,708	ELECTROCARDIOLOGY	69.00	0 33.32
33.33	MISC OTHER OP REVENUE	B	-28,008	IUSCC HEM/ONC	90.02	0 33.33
33.34	MISC OTHER OP REVENUE	B	-75	LIFE CARE CLINIC	90.24	0 33.34
33.35	MISC OTHER OP REVENUE	B	-511,947	EMERGENCY	91.00	0 33.35
33.36	MISC OTHER OP REVENUE	B	-229,194	AMBULANCE SERVICES	95.00	0 33.36
33.37	MISC OTHER OP REVENUE	B	-11,404	HOME HEALTH AGENCY	101.00	0 33.37
33.38	MISC OTHER OP REVENUE	B	-371,227	KIDNEY ACQUISITION	105.00	0 33.38
33.39	MISC OTHER OP REVENUE	B	-33,816	HOSPICE	116.00	0 33.39
33.40	OTHER INSTITUTIONAL REVENUE	B	-4,318,801	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.40
33.41	OTHER INSTITUTIONAL REVENUE	B	-8,615	PARAMED ED ADMINISTRATION	13.01	0 33.41
33.42	OTHER INSTITUTIONAL REVENUE	B	-61,487	MEDICAL RECORDS & LIBRARY	16.00	0 33.42
33.43	OTHER INSTITUTIONAL REVENUE	B	-1,673,771	SOCIAL SERVICE	17.00	0 33.43
33.44	OTHER INSTITUTIONAL REVENUE	B	-1,320	PARAMED SURGERY TECHNOLOGY	23.09	0 33.44
33.45	OTHER INSTITUTIONAL REVENUE	B	-660	PARAMED PHARMACY TECH	23.10	0 33.45
33.46	OTHER INSTITUTIONAL REVENUE	B	-2,784,298	ADULTS & PEDIATRICS	30.00	0 33.46
33.47	OTHER INSTITUTIONAL REVENUE	B	-6,017	NEONATAL INTENSIVE CARE UNIT	32.01	0 33.47
33.48	OTHER INSTITUTIONAL REVENUE	B	-33,587	BURN INTENSIVE CARE UNIT	33.00	0 33.48
33.49	OTHER INSTITUTIONAL REVENUE	B	-9,330	RH PEDIC	34.04	0 33.49
33.50	OTHER INSTITUTIONAL REVENUE	B	-1,025,669	DELIVERY ROOM & LABOR ROOM	52.00	0 33.50
33.51	OTHER INSTITUTIONAL REVENUE	B	-64,800	CARDIAC CATH	76.03	0 33.51
33.52	OTHER INSTITUTIONAL REVENUE	B	-15,269	AMB SVC-RILEY CLINICS	90.07	0 33.52
33.53	OTHER INSTITUTIONAL REVENUE	B	-13,000	EMERGENCY	91.00	0 33.53
33.54	VENDING REVENUE	B	-5,346	LABORATORY	60.00	0 33.54
33.55	VENDING REVENUE	B	-131	HOME HEALTH AGENCY	101.00	0 33.55
33.56	INTERCOMPANY REVENUE	B	-49,557	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.56
33.57	INTERCOMPANY REVENUE	B	-1,815,165	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.57
33.58	INTERCOMPANY REVENUE	B	-615,456	OPERATION OF PLANT	7.00	0 33.58
33.59	INTERCOMPANY REVENUE	B	-198,360	DIETARY	10.00	0 33.59
33.60	INTERCOMPANY REVENUE	B	-58,768	CENTRAL SERVICES & SUPPLY	14.00	0 33.60
33.61	INTERCOMPANY REVENUE	B	-1,380,486	PHARMACY	15.00	0 33.61
33.62	INTERCOMPANY REVENUE	B	-882,159	SOCIAL SERVICE	17.00	0 33.62

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8

Date/Time Prepared:  
6/29/2021 2:46 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
33.63	INTERCOMPANY REVENUE	B	-7,191,886	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.63
33.64	INTERCOMPANY REVENUE	B	-360,056	ADULTS & PEDIATRICS	30.00	0 33.64
33.65	INTERCOMPANY REVENUE	B	-2,177,799	OPERATING ROOM	50.00	0 33.65
33.66	INTERCOMPANY REVENUE	B	-20,000	PULMONARY FUNCTION TESTING	53.01	0 33.66
33.67	INTERCOMPANY REVENUE	B	-647,458	RADIOLOGY-DIAGNOSTIC	54.00	0 33.67
33.68	INTERCOMPANY REVENUE	B	-624,533	RADIOLOGY-THERAPEUTIC	55.00	0 33.68
33.69	INTERCOMPANY REVENUE	B	-11,093	RADIOISOTOPE	56.00	0 33.69
33.70	INTERCOMPANY REVENUE	B	-128,815,472	LABORATORY	60.00	0 33.70
33.71	INTERCOMPANY REVENUE	B	-31	TRANSPLANT IMMUNOLOGY	60.01	0 33.71
33.72	INTERCOMPANY REVENUE	B	-4,723,510	BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.72
33.73	INTERCOMPANY REVENUE	B	-215,218	PHYSICAL THERAPY	66.00	0 33.73
33.74	INTERCOMPANY REVENUE	B	-64,296	SPEECH PATHOLOGY	68.00	0 33.74
33.75	INTERCOMPANY REVENUE	B	-494,063	ELECTROCARDIOLOGY	69.00	0 33.75
33.76	INTERCOMPANY REVENUE	B	-310,475	ELECTROENCEPHALOGRAPHY	70.00	0 33.76
33.77	INTERCOMPANY REVENUE	B	-406,132	AMB SVC-OB & GYN	90.01	0 33.77
33.78	INTERCOMPANY REVENUE	B	-938,954	IUSCC HEM/ONC	90.02	0 33.78
33.79	INTERCOMPANY REVENUE	B	-97,600	AMB SVC-OPHTHALMOLOGY	90.03	0 33.79
33.80	INTERCOMPANY REVENUE	B	-206,016	OUTPATIENT SURGERY	90.06	0 33.80
33.81	INTERCOMPANY REVENUE	B	-7,106,282	AMB SVC-RILEY CLINICS	90.07	0 33.81
33.82	INTERCOMPANY REVENUE	B	-3,133	MOTILITY LAB	90.08	0 33.82
33.83	INTERCOMPANY REVENUE	B	-2,231,453	SLEEP LAB	90.11	0 33.83
33.84	INTERCOMPANY REVENUE	B	-284,156	PHYSICAL MEDICINE	90.17	0 33.84
33.85	INTERCOMPANY REVENUE	B	-158,311	DERMATOLOGY CLINIC	90.18	0 33.85
33.86	INTERCOMPANY REVENUE	B	-183,663	GASTROENTEROLOGY CLINIC	90.23	0 33.86
33.87	INTERCOMPANY REVENUE	B	-904,014	AMBULANCE SERVICES	95.00	0 33.87
33.88	INTERCOMPANY REVENUE	B	-1,200,845	HOME HEALTH AGENCY	101.00	0 33.88
33.89	INTERCOMPANY REVENUE	B	-134,316	KIDNEY ACQUISITION	105.00	0 33.89
33.90	INTERCOMPANY REVENUE	B	-145,678	HEART ACQUISITION	106.00	0 33.90
33.91	INTERCOMPANY REVENUE	B	-965,779	RESEARCH-GCRC	191.01	0 33.91
33.92	INTERCOMPANY REVENUE	B	-1,055,763	OTHER	192.01	0 33.92
33.93	PARKING GARAGE	A	-2,006,969	NONREIMBURSABLE-METHODIST OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.93
33.94	PARKING GARAGE	A	-3,819,476	OPERATION OF PLANT	7.00	0 33.94
33.95	INTEREST EXPENSE	A	-160,389	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.95
33.96	PARKING GARAGE DEPRECIATION	A	-673,931	CAP REL COSTS-BLDG & FIXT	1.00	9 33.96
33.97	PHYSICIAN MALPRACTICE INSURANCE	A	-2,927	KIDNEY ACQUISITION	105.00	0 33.97
33.98	DEPRECIATION TO HOME OFFICE	A	-41,231,684	CAP REL COSTS-BLDG & FIXT	1.00	9 33.98
33.99	PHARMACY RESEARCH	A	-930,819	PHARMACY	15.00	0 33.99
34.00	PHARMACY RESEARCH	A	-146,107	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
34.01	PHONES TO HOME OFFICE	A	-65,415	NONPATIENT TELEPHONES	5.01	0 34.01
34.02	CONTRIBUTION EXPENSE	A	-250,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 34.02
34.03	CONTRIBUTION EXPENSE	A	-2,772,907	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.03
34.04	ACADEMIC SUPPORT	A	7,500,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 34.04
34.05	MEDICAID HAF FEES	A	-85,224,085	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.05
34.06	OUR HOUSE UTILITIES	A	-34,237	OPERATION OF PLANT	7.00	0 34.06
34.07	UNWONTED SITUATIONS	A	-56	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.07
34.08	UNWONTED SITUATIONS	A	-1,561	OPERATION OF PLANT	7.00	0 34.08
34.09	UNWONTED SITUATIONS	A	-14,200	NURSING ADMINISTRATION	13.00	0 34.09
34.10	UNWONTED SITUATIONS	A	-800	SOCIAL SERVICE	17.00	0 34.10
34.11	UNWONTED SITUATIONS	A	-22,522	ADULTS & PEDIATRICS	30.00	0 34.11
34.12	UNWONTED SITUATIONS	A	-1,423	INTENSIVE CARE UNIT	31.00	0 34.12
34.13	UNWONTED SITUATIONS	A	-6,664	CORONARY CARE UNIT	32.00	0 34.13
34.14	UNWONTED SITUATIONS	A	-3,447	UH SURGIC	34.02	0 34.14
34.15	UNWONTED SITUATIONS	A	-75	SUBPROVIDER - I PF	40.00	0 34.15
34.16	UNWONTED SITUATIONS	A	337	OPERATING ROOM	50.00	0 34.16
34.17	UNWONTED SITUATIONS	A	-20	RECOVERY ROOM	51.00	0 34.17
34.18	UNWONTED SITUATIONS	A	-4,654	LABORATORY	60.00	0 34.18
34.19	UNWONTED SITUATIONS	A	-5,000	BLOOD STORING, PROCESSING & TRANS.	63.00	0 34.19
34.20	UNWONTED SITUATIONS	A	-100	RESPIRATORY THERAPY	65.00	0 34.20

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
34.21	UNWONTED SITUATIONS	A	-840	DAY SURGERY	76.04	0 34.21
34.22	UNWONTED SITUATIONS	A	-5,355	EMERGENCY	91.00	0 34.22
34.23	LEASE AND RENT REVENUE	B	-3,235,897	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.23
34.24	LEASE AND RENT REVENUE	B	-48,956	RADIOLOGY-DIAGNOSTIC	54.00	0 34.24
34.25	LEASE AND RENT REVENUE	B	-99,451	LABORATORY	60.00	0 34.25
34.26	LEASE AND RENT REVENUE	B	-16,200	AMB SVC-RILEY CLINICS	90.07	0 34.26
34.27	NON-ALLOWABLE ADVERTISING	A	-542,653	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.27
34.28	NON-ALLOWABLE ADVERTISING	A	-300	DIETARY	10.00	0 34.28
34.29	NON-ALLOWABLE ADVERTISING	A	-8,415	NURSING ADMINISTRATION	13.00	0 34.29
34.30	NON-ALLOWABLE ADVERTISING	A	-14,000	BURN INTENSIVE CARE UNIT	33.00	0 34.30
34.31	NON-ALLOWABLE ADVERTISING	A	-11,309	DELIVERY ROOM & LABOR ROOM	52.00	0 34.31
34.32	NON-ALLOWABLE ADVERTISING	A	-307	PULMONARY FUNCTION TESTING	53.01	0 34.32
34.33	NON-ALLOWABLE ADVERTISING	A	-1,289	LABORATORY	60.00	0 34.33
34.34	NON-ALLOWABLE ADVERTISING	A	-67	PHYSICAL THERAPY	66.00	0 34.34
34.35	NON-ALLOWABLE ADVERTISING	A	-1,542	ELECTROENCEPHALOGRAPHY	70.00	0 34.35
34.36	NON-ALLOWABLE ADVERTISING	A	-321	OUTPATIENT RETAIL PHARMACY	73.03	0 34.36
34.37	NON-ALLOWABLE ADVERTISING	A	-1,655	CARDIAC CATH	76.03	0 34.37
34.38	NON-ALLOWABLE ADVERTISING	A	-1,321	IUSCC HEM/ONC	90.02	0 34.38
34.39	NON-ALLOWABLE ADVERTISING	A	-739	AMB SVC-RILEY CLINICS	90.07	0 34.39
34.40	NON-ALLOWABLE ADVERTISING	A	-3,071	SLEEP LAB	90.11	0 34.40
34.41	NON-ALLOWABLE ADVERTISING	A	-4,459	EMERGENCY	91.00	0 34.41
34.42	NON-ALLOWABLE ADVERTISING	A	-95,816	AMBULANCE SERVICES	95.00	0 34.42
34.43	NON-ALLOWABLE ADVERTISING	A	-11,966	HOME HEALTH AGENCY	101.00	0 34.43
34.44	NON-ALLOWABLE ADVERTISING	A	-2,568	KIDNEY ACQUISITION	105.00	0 34.44
34.45	NON-ALLOWABLE ADVERTISING	A	-780	HOSPICE	116.00	0 34.45
34.46	START-UP EXPENSE	A	-25,639,444	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.46
34.47	START-UP EXPENSE	A	-1,835,773	DELIVERY ROOM & LABOR ROOM	52.00	0 34.47
34.48	CONSOL CASH INTEREST OFFSET	B	942,647	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.48
34.49	HEART ACCRUAL ADJUSTMENT	A	285,692	HEART ACQUISITION	106.00	0 34.49
34.50	INTESTINE ACCRUAL ADJUSTMENT	A	-78,146	INTESTINAL ACQUISITION	110.00	0 34.50
34.51	KIDNEY ACCRUAL ADJUSTMENT	A	-57,581	KIDNEY ACQUISITION	105.00	0 34.51
34.52	LIVER ACCRUAL ADJUSTMENT	A	-129,829	LIVER ACQUISITION	107.00	0 34.52
34.53	LUNG ACCRUAL ADJUSTMENT	A	21,086	LUNG ACQUISITION	108.00	0 34.53
34.54	PANCREAS ACCRUAL ADJUSTMENT	A	-49,168	PANCREAS ACQUISITION	109.00	0 34.54
34.55	OTHER ORGAN ACQUISITION FEE	A	-1,519,159	OTHER ORGAN ACQUISITION EXP	112.00	0 34.55
34.56	HOSPICE PHYSICIAN FEE	A	-333,531	HOSPICE	116.00	0 34.56
34.57	NRCC PHYSICIAN FEE	A	-186	RESEARCH	191.00	0 34.57
34.58	NRCC PHYSICIAN FEE	A	-49,661	OSA	191.02	0 34.58
34.59	NRCC PHYSICIAN FEE	A	-1,835,323	PHYSICIANS' PRIVATE OFFICES	192.00	0 34.59
34.60	NRCC PHYSICIAN FEE	A	-692,026	OTHER NONREIMBURSABLE-METHODIST	192.01	0 34.60
34.61	NRCC PHYSICIAN FEE	A	-4,769,436	OTHER NONREIMBURSABLE - IUMC	192.02	0 34.61
34.62	SURG CENTER PARAMED ED	A	11,889	PARAMED SURGERY TECHNOLOGY	23.09	0 34.62
34.63	H.O. PARAMED ED	A	5,246	PARAMED PHARMACY	23.07	0 34.63
34.64	H.O. PARAMED ED	A	401	PARAMED PHARMACY	23.07	0 34.64
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-297,646,695			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet A-8-1 Date/Time Prepared: 6/29/2021 2:46 pm
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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 EXPENSE	47,444,203	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY EXPENSE	14,391,825	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY EXPENSE	141,335,650	3,394	3.00
3.01	5.01	NONPATIENT TELEPHONES	INTERCOMPANY EXPENSE	10,054	10,054	3.01
3.02	5.02	DATA PROCESSING	INTERCOMPANY EXPENSE	87,333,736	0	3.02
3.03	5.03	PURCHASING, RECEIVING & STOR	INTERCOMPANY EXPENSE	8,014,862	0	3.03
3.04	5.04	ADMINNING	INTERCOMPANY EXPENSE	17,231,585	0	3.04
3.05	5.05	CASHIERING/ACCOUNTS RECEIVAB	INTERCOMPANY EXPENSE	53,328,105	0	3.05
3.06	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY EXPENSE	188,511,983	298,298,069	3.06
3.07	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY EXPENSE	10,527,481	0	3.07
3.08	7.00	OPERATION OF PLANT	INTERCOMPANY EXPENSE	35,203,398	531,995	3.08
3.09	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY EXPENSE	4,371,586	0	3.09
3.10	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY EXPENSE	3,865,363	0	3.10
3.11	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY EXPENSE	6,490,954	0	3.11
3.12	10.00	DIETARY	INTERCOMPANY EXPENSE	1,444,986	1,444,986	3.12
3.13	11.00	CAFETERIA	INTERCOMPANY EXPENSE	507,754	0	3.13
3.14	13.00	NURSING ADMINISTRATION	INTERCOMPANY EXPENSE	15,906,469	9,957,777	3.14
3.15	15.00	PHARMACY	INTERCOMPANY EXPENSE	90,027	508,900	3.15
3.16	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY EXPENSE	15,675,723	0	3.16
3.17	18.00	PATIENT TRANSPORTATION	INTERCOMPANY EXPENSE	919,413	919,413	3.17
3.18	22.00	IT & SERVICES-OTHER PRGM COST	INTERCOMPANY EXPENSE	1,496,940	1,496,940	3.18
3.19	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	15,000	15,000	3.19
3.20	30.00	ADULTS & PEDIATRICS	INTERCOMPANY EXPENSE	30,500,629	30,500,629	3.20
3.21	31.00	INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	55,623	55,623	3.21
3.22	32.00	CORONARY CARE UNIT	INTERCOMPANY EXPENSE	573,753	573,753	3.22
3.23	32.01	NEONATAL INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	93,096	93,096	3.23
3.24	33.00	BURN INTENSIVE CARE UNIT	INTERCOMPANY EXPENSE	13,136	13,136	3.24
3.25	34.02	UHSURG6IC	INTERCOMPANY EXPENSE	25,408	25,408	3.25
3.26	34.04	RHPEDIC	INTERCOMPANY EXPENSE	2,770,862	2,770,862	3.26
3.27	34.06	PEDS CANCER CARE	INTERCOMPANY EXPENSE	31,975	31,975	3.27
3.28	40.00	SUBPROVIDER - IPF	INTERCOMPANY EXPENSE	875,056	875,056	3.28
3.29	50.00	OPERATING ROOM	INTERCOMPANY EXPENSE	7,356,301	7,356,301	3.29
3.30	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY EXPENSE	2,583,892	2,583,892	3.30
3.31	53.00	ANESTHESIOLOGY	INTERCOMPANY EXPENSE	17,355,810	17,355,810	3.31
3.32	53.01	PULMONARY FUNCTION TESTING	INTERCOMPANY EXPENSE	147,677	147,677	3.32
3.33	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY EXPENSE	1,071,716	1,079,224	3.33
3.34	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY EXPENSE	3,747,871	3,747,871	3.34
3.35	56.00	RADIOISOTOPE	INTERCOMPANY EXPENSE	102,112	102,112	3.35
3.36	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY EXPENSE	6,098	6,098	3.36
3.37	60.00	LABORATORY	INTERCOMPANY EXPENSE	73,949,380	73,949,380	3.37
3.38	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY EXPENSE	199,981	199,981	3.38
3.39	65.00	RESPIRATORY THERAPY	INTERCOMPANY EXPENSE	11,416	11,416	3.39
3.40	66.00	PHYSICAL THERAPY	INTERCOMPANY EXPENSE	143,602	239,942	3.40
3.41	69.00	ELECTROCARDIOLOGY	INTERCOMPANY EXPENSE	2,312,798	2,312,798	3.41
3.42	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY EXPENSE	867,190	874,800	3.42
3.43	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY EXPENSE	63,089	63,089	3.43
3.44	74.00	RENAL DIALYSIS	INTERCOMPANY EXPENSE	51,416	51,416	3.44
3.45	76.01	CARDIOLOGY	INTERCOMPANY EXPENSE	48,271	48,271	3.45
3.46	76.02	PSYCHIATRIC/PSYCHOLOGICAL SE	INTERCOMPANY EXPENSE	1,105,059	1,105,059	3.46
3.47	76.03	CARDIAC CATH	INTERCOMPANY EXPENSE	2,614,700	2,614,700	3.47
3.48	76.04	DAY SURGERY	INTERCOMPANY EXPENSE	144,468	144,468	3.48
3.49	76.08	ECMO-ADULT	INTERCOMPANY EXPENSE	2,509	2,509	3.49
3.50	76.97	CARDIAC REHABILITATION	INTERCOMPANY EXPENSE	7,200	7,200	3.50
3.51	90.01	AMB SVC-OB & GYN	INTERCOMPANY EXPENSE	139,091	139,091	3.51
3.52	90.02	USCC HEM/ONC	INTERCOMPANY EXPENSE	6,704,965	10,669,849	3.52
3.53	90.06	OUTPATIENT SURGERY	INTERCOMPANY EXPENSE	28,930	28,930	3.53
3.54	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY EXPENSE	2,284,532	2,284,532	3.54
3.55	90.08	MOTILITY LAB	INTERCOMPANY EXPENSE	12,921	12,921	3.55
3.56	90.11	SLEEP LAB	INTERCOMPANY EXPENSE	338,628	3,067,118	3.56
3.57	90.14	INFUSION CLINIC	INTERCOMPANY EXPENSE	33,800	33,800	3.57
3.58	90.22	EATING DISORDERS CLINIC	INTERCOMPANY EXPENSE	602,981	602,981	3.58
3.59	90.24	LIFE CARE CLINIC	INTERCOMPANY EXPENSE	123,817	123,817	3.59
3.60	91.00	EMERGENCY	INTERCOMPANY EXPENSE	14,848,447	14,848,447	3.60
3.61	95.00	AMBULANCE SERVICES	INTERCOMPANY EXPENSE	362,676	7,086,422	3.61
3.62	101.00	HOME HEALTH AGENCY	INTERCOMPANY EXPENSE	390,584	13,029,240	3.62
3.63	105.00	KIDNEY ACQUISITION	INTERCOMPANY EXPENSE	64,061	64,061	3.63
3.64	106.00	HEART ACQUISITION	INTERCOMPANY EXPENSE	57,460	57,460	3.64
3.65	107.00	LIVER ACQUISITION	INTERCOMPANY EXPENSE	1,489,113	1,489,113	3.65
3.66	108.00	LUNG ACQUISITION	INTERCOMPANY EXPENSE	1,238,208	1,238,208	3.66
3.67	112.00	OTHER ORGAN ACQUISITION EXP	INTERCOMPANY EXPENSE	1,553,500	1,553,500	3.67
3.68	116.00	HOSPICE	INTERCOMPANY EXPENSE	839,377	839,377	3.68

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 15-0056  
 Period: From 01/01/2020 To 12/31/2020  
 Worksheet A-8-1  
 Date/Time Prepared: 6/29/2021 2:46 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	
3.69	191.02	OSA	50,000	50,000	3.69
3.70	192.00	PHYSICIANS' PRIVATE OFFICES	2,085,323	2,085,323	3.70
3.71	192.01	OTHER NONREIMBURSABLE-METHOD	816,784	816,784	3.71
3.72	192.02	OTHER NONREIMBURSABLE - IUMC	4,047,926	4,047,926	3.72
3.73	0.00		0	0	3.73
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		841,062,315	526,298,980	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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 costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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 01/01/2020 To 12/31/2020	Worksheet A-8-1 Date/Time Prepared: 6/29/2021 2:46 pm
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	47,444,203	9	1.00
2.00	14,391,825	9	2.00
3.00	141,332,256	0	3.00
3.01	0	0	3.01
3.02	87,333,736	0	3.02
3.03	8,014,862	0	3.03
3.04	17,231,585	0	3.04
3.05	53,328,105	0	3.05
3.06	-109,786,086	0	3.06
3.07	10,527,481	0	3.07
3.08	34,671,403	0	3.08
3.09	4,371,586	0	3.09
3.10	3,865,363	0	3.10
3.11	6,490,954	0	3.11
3.12	0	0	3.12
3.13	507,754	0	3.13
3.14	5,948,692	0	3.14
3.15	-418,873	0	3.15
3.16	15,675,723	0	3.16
3.17	0	0	3.17
3.18	0	0	3.18
3.19	0	0	3.19
3.20	0	0	3.20
3.21	0	0	3.21
3.22	0	0	3.22
3.23	0	0	3.23
3.24	0	0	3.24
3.25	0	0	3.25
3.26	0	0	3.26
3.27	0	0	3.27
3.28	0	0	3.28
3.29	0	0	3.29
3.30	0	0	3.30
3.31	0	0	3.31
3.32	0	0	3.32
3.33	-7,508	0	3.33
3.34	0	0	3.34
3.35	0	0	3.35
3.36	0	0	3.36
3.37	0	0	3.37
3.38	0	0	3.38
3.39	0	0	3.39
3.40	-96,340	0	3.40
3.41	0	0	3.41
3.42	-7,610	0	3.42
3.43	0	0	3.43
3.44	0	0	3.44
3.45	0	0	3.45
3.46	0	0	3.46
3.47	0	0	3.47
3.48	0	0	3.48
3.49	0	0	3.49
3.50	0	0	3.50
3.51	0	0	3.51
3.52	-3,964,884	0	3.52
3.53	0	0	3.53
3.54	0	0	3.54
3.55	0	0	3.55
3.56	-2,728,490	0	3.56
3.57	0	0	3.57
3.58	0	0	3.58
3.59	0	0	3.59
3.60	0	0	3.60
3.61	-6,723,746	0	3.61
3.62	-12,638,656	0	3.62
3.63	0	0	3.63
3.64	0	0	3.64
3.65	0	0	3.65
3.66	0	0	3.66
3.67	0	0	3.67
3.68	0	0	3.68

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet A-8-1 Date/Time Prepared: 6/29/2021 2:46 pm
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
3.69	0	0	3.69
3.70	0	0	3.70
3.71	0	0	3.71
3.72	0	0	3.72
3.73	0	0	3.73
4.00	0	0	4.00
5.00	314,763,335		5.00

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

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

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 costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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 01/01/2020  
To 12/31/2020

Worksheet A-8-2  
Date/Time Prepared:  
6/29/2021 2:46 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	22,253,056	22,253,056	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	9,246,670	9,246,670	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	30,764,615	30,764,615	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	552,593	552,593	0	0	0	4.00
5.00	34.04	RH PEDIC	2,626,783	2,626,783	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	855,000	855,000	0	0	0	6.00
7.00	50.00	OPERATING ROOM	7,273,629	7,273,629	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	675,179	675,179	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	19,730,035	17,245,757	2,484,278	239,400	26,280	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	34,693	34,693	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	3,067,180	3,067,180	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	102,112	102,112	0	0	0	12.00
13.00	60.00	LABORATORY	1,927,744	1,927,744	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	2,244,177	2,244,177	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	867,190	867,190	0	0	0	15.00
16.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,105,059	1,105,059	0	0	0	16.00
17.00	76.03	CARDIAC CATH	2,476,881	2,476,881	0	0	0	17.00
18.00	90.02	IUSCC HEM/ONC	5,693,663	5,693,663	0	0	0	18.00
19.00	90.06	OUTPATIENT SURGERY	2,250	2,250	0	0	0	19.00
20.00	90.07	AMB SVC-RILEY CLINICS	637,165	637,165	0	0	0	20.00
21.00	90.14	INFUSION CLINIC	33,800	33,800	0	0	0	21.00
22.00	90.22	EATING DISORDERS CLINIC	459,455	459,455	0	0	0	22.00
23.00	90.24	LIFE CARE CLINIC	115,522	115,522	0	0	0	23.00
24.00	91.00	EMERGENCY	13,857,340	12,162,873	1,694,467	197,500	26,280	24.00
25.00	95.00	AMBULANCE SERVICES	147,659	147,659	0	0	0	25.00
26.00	107.00	LIVER ACQUISITION	1,375,706	1,375,706	0	0	0	26.00
27.00	108.00	LUNG ACQUISITION	1,217,048	1,217,048	0	0	0	27.00
200.00			129,342,204	125,163,459	4,178,745		52,560	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:  
6/29/2021 2:46 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	
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	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	32.00 CORONARY CARE UNIT	0	0	0	0	0	4.00
5.00	34.04 RH PEDIC	0	0	0	0	0	5.00
6.00	40.00 SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	50.00 OPERATING ROOM	0	0	0	0	0	7.00
8.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00 ANESTHESIOLOGY	3,024,727	151,236	0	0	0	9.00
10.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	56.00 RADIOISOTOPE	0	0	0	0	0	12.00
13.00	60.00 LABORATORY	0	0	0	0	0	13.00
14.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	16.00
17.00	76.03 CARDIAC CATH	0	0	0	0	0	17.00
18.00	90.02 IUSCC HEM/ONC	0	0	0	0	0	18.00
19.00	90.06 OUTPATIENT SURGERY	0	0	0	0	0	19.00
20.00	90.07 AMB SVC-RILEY CLINICS	0	0	0	0	0	20.00
21.00	90.14 INFUSION CLINIC	0	0	0	0	0	21.00
22.00	90.22 EATING DISORDERS CLINIC	0	0	0	0	0	22.00
23.00	90.24 LIFE CARE CLINIC	0	0	0	0	0	23.00
24.00	91.00 EMERGENCY	2,495,336	124,767	0	0	0	24.00
25.00	95.00 AMBULANCE SERVICES	0	0	0	0	0	25.00
26.00	107.00 LIVER ACQUISITION	0	0	0	0	0	26.00
27.00	108.00 LUNG ACQUISITION	0	0	0	0	0	27.00
200.00		5,520,063	276,003	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:  
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	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	22,253,056		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	9,246,670		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	30,764,615		3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	552,593		4.00
5.00	34.04	RH PEDI C	0	0	0	2,626,783		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	855,000		6.00
7.00	50.00	OPERATING ROOM	0	0	0	7,273,629		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	675,179		8.00
9.00	53.00	ANESTHESIOLOGY	0	3,024,727	0	17,245,757		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	34,693		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	3,067,180		11.00
12.00	56.00	RADIOISOTOPE	0	0	0	102,112		12.00
13.00	60.00	LABORATORY	0	0	0	1,927,744		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,244,177		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	867,190		15.00
16.00	76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,105,059		16.00
17.00	76.03	CARDIAC CATH	0	0	0	2,476,881		17.00
18.00	90.02	IUSCC HEM/ONC	0	0	0	5,693,663		18.00
19.00	90.06	OUTPATIENT SURGERY	0	0	0	2,250		19.00
20.00	90.07	AMB SVC-RILEY CLINICS	0	0	0	637,165		20.00
21.00	90.14	INFUSION CLINIC	0	0	0	33,800		21.00
22.00	90.22	EATING DISORDERS CLINIC	0	0	0	459,455		22.00
23.00	90.24	LIFE CARE CLINIC	0	0	0	115,522		23.00
24.00	91.00	EMERGENCY	0	2,495,336	0	12,162,873		24.00
25.00	95.00	AMBULANCE SERVICES	0	0	0	147,659		25.00
26.00	107.00	LIVER ACQUISITION	0	0	0	1,375,706		26.00
27.00	108.00	LUNG ACQUISITION	0	0	0	1,217,048		27.00
200.00			0	5,520,063	0	125,163,459		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	55,330,830	55,330,830			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	79,187,156		79,187,156		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	144,739,087	29,712	1,320	144,770,119	4.00
5.01 00540	NONPATIENT TELEPHONES	38,201	0	789	0	5.01
5.02 00550	DATA PROCESSING	87,334,282	40,822	10,572	0	5.02
5.03 00590	PURCHASING, RECEIVING & STORES	8,061,517	27,177	3,523	63	5.03
5.04 00570	ADMINISTRATIVE	17,267,603	40,086	5,322	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	53,328,105	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	204,492,832	2,776,114	2,316,059	4,447,383	5.06
6.00 00600	MAINTENANCE & REPAIRS	33,706,095	793,575	566,501	1,048,551	6.00
7.00 00700	OPERATION OF PLANT	49,974,972	1,888,511	603,316	1,397,578	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	84,971	429,233	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	9.00
9.01 00901	HOUSEKEEPING - UNIVERSITY	4,371,586	0	0	0	9.01
9.02 00902	HOUSEKEEPING - RILEY	3,865,363	0	0	0	9.02
9.03 00903	HOUSEKEEPING - METHODIST	6,490,954	0	0	0	9.03
9.04 00904	HOUSEKEEPING - SAXONY	682,341	20,748	5,198	96,900	9.04
9.05 00905	HOUSEKEEPING - MORGAN	492,120	19,600	1,827	88,831	9.05
10.00 01000	DIETARY	14,451,227	508,556	411,223	2,123,381	10.00
11.00 01100	CAFETERIA	507,754	74,691	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	31,462,754	592,884	2,888,318	4,912,656	13.00
13.01 01851	PARAMEDIC ADMINISTRATION	199,146	119,471	5,217	37,967	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	113,826,596	1,011,181	1,499,995	1,851,896	14.00
15.00 01500	PHARMACY	36,495,621	709,546	676,219	6,953,053	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	17,623,136	2,210	0	24,038	16.00
17.00 01700	SOCIAL SERVICE	5,419,832	63,980	0	1,183,373	17.00
18.00 01850	PATIENT TRANSPORTATION	2,959,073	38,051	29,825	423,432	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	48,254,555	41,496	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	48,083,265	289,439	0	11,998	22.00
23.00 02300	PARAMEDIC PRGM	0	0	0	0	23.00
23.01 02301	PARAMEDIC HEALTH SCIENCES	0	0	0	0	23.01
23.02 02302	PARAMEDIC RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03 02303	PARAMEDIC RESPIRATORY THERAPY	0	0	0	0	23.03
23.04 02304	PARAMEDIC EMERGENCY	0	0	0	0	23.04
23.05 02312	PARAMEDIC PASTORAL EDUCATION	359,541	53,656	0	77,977	23.05
23.06 02306	PARAMEDIC LAB SCIENCE PRO	0	0	0	0	23.06
23.07 02307	PARAMEDIC PHARMACY	1,637,120	57,226	0	331,794	23.07
23.08 02308	PARAMEDIC MEDICAL ASSIST	0	0	0	0	23.08
23.09 02309	PARAMEDIC SURGERY TECHNOLOGY	257,851	20,012	0	64,609	23.09
23.10 02310	PARAMEDIC PHARMACY TECH	248,401	31,135	0	53,768	23.10
23.11 02311	PARAMEDIC NEUROPHYSIOLOGY	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	132,616,446	8,606,719	4,104,494	25,698,040	30.00
31.00 03100	INTENSIVE CARE UNIT	15,648,437	497,819	404,559	3,164,211	31.00
32.00 03200	CORONARY CARE UNIT	17,474,200	581,961	1,171,087	3,441,749	32.00
32.01 03201	NEONATAL INTENSIVE CARE UNIT	20,149,547	861,874	1,326,302	4,086,017	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	1,965,429	184,112	199,465	389,031	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02 03401	UH SURGIC	3,848,964	339,973	116,271	663,592	34.02
34.03 03402	UH NSIC	0	0	0	0	34.03
34.04 03403	RH PEDIC	9,053,195	584,083	610,565	1,799,937	34.04
34.05 03404	TRANSPLANT ICU	2,037,290	205,734	60,360	376,262	34.05
34.06 03407	PEDS CANCER CARE	2,069,341	466,822	288,167	409,389	34.06
40.00 04000	SUBPROVIDER - IPF	3,098,042	442,241	44,988	649,122	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	1,343,532	3,408	2,437	267,190	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	43,288,565	3,302,060	18,808,982	8,233,237	50.00
50.01 05001	ENDOSCOPY	1,701,470	90,571	183,807	316,132	50.01
51.00 05100	RECOVERY ROOM	8,544,352	844,771	419,680	1,587,740	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,568,124	548,204	546,270	1,467,545	52.00
53.00 05300	ANESTHESIOLOGY	3,879,568	138,908	803,131	251,227	53.00
53.01 05301	PULMONARY FUNCTION TESTING	3,485,273	248,442	267,435	697,709	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	36,664,394	3,306,254	14,051,787	6,793,692	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,337,686	636,940	2,888,917	1,050,140	55.00
56.00 05600	RADIOISOTOPE	1,327,655	256,681	953,428	226,995	56.00
59.00 05900	CARDIAC CATHETERIZATION	1,528,793	148,895	225,754	253,572	59.00
60.00 06000	LABORATORY	16,346,031	2,778,661	5,130,910	10,922,864	60.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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	
60.01	06001	TRANSPLANT IMMUNOLOGY	1,459,264	52,844	151,759	217,748	56	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,851,116	106,637	82,584	660,755	181	63.00
65.00	06500	RESPIRATORY THERAPY	21,746,745	352,270	1,169,355	4,548,782	1,201	65.00
66.00	06600	PHYSICAL THERAPY	21,631,718	660,909	320,553	4,065,614	968	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,405,556	77,600	496	901,378	219	67.00
68.00	06800	SPEECH PATHOLOGY	5,178,598	308,676	280,218	1,054,626	254	68.00
69.00	06900	ELECTROCARDIOLOGY	3,001,229	144,026	1,719,219	590,107	159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,527,343	724,152	789,576	1,114,134	271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	51,567,763	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	78,390,434	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,296,581	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	235,431,244	156,660	74,391	1,862,583	435	73.03
74.00	07400	RENAL DIALYSIS	4,119,535	435,850	319,728	798,015	211	74.00
76.00	03020	RH NBN ECMO IC	1,179,815	1,810	70,319	243,030	47	76.00
76.01	03140	CARDIOLOGY	1,179,456	104,016	1,017,888	227,661	60	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,225,382	0	29,647	251,059	73	76.02
76.03	03950	CARDIAC CATH	5,285,110	827,194	1,786,365	1,141,829	250	76.03
76.04	03951	DAY SURGERY	4,151,156	348,937	45,324	745,461	219	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	2,336,109	5,118	124,519	485,659	95	76.08
76.97	07697	CARDIAC REHABILITATION	705,448	99,097	47,965	101,782	26	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,297,639	599	0	172,723	47	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	539,424	242,000	39,612	156,132	56	90.01
90.02	09002	IUSCC HEM/ONC	18,456,776	1,667,584	699,762	3,377,141	899	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	565,793	0	180,788	128,750	43	90.03
90.04	09004	AMB SVC-PSYCH ADULT	918,092	168,470	220	183,638	56	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,116,383	175,011	169,237	448,003	116	90.06
90.07	09007	AMB SVC-RILEY CLINICS	511,967	527,731	342,471	1,282,488	331	90.07
90.08	09008	MOTILITY LAB	157,190	2,971	49,525	33,347	4	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	556	0	0	0	0	90.10
90.11	09023	SLEEP LAB	3,191,122	71,208	168,006	816,019	232	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	INFUSION CLINIC	404,122	0	9,299	56,592	17	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	636,267	157,909	4,103	179,151	69	90.17
90.18	09016	DERMATOLOGY CLINIC	778,407	102,692	24,245	187,256	56	90.18
90.19	09017	INFUSION/HEM/ONC	64,262	0	4,547	1,155	0	90.19
90.20	09025	IUMG - MH	0	48,662	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	27,461	0	3,388	5,278	4	90.21
90.22	09020	EATING DISORDERS CLINIC	1,695,774	0	10,553	253,831	69	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,191,635	225,659	16,572	282,748	99	90.23
90.24	09021	LIFE CARE CLINIC	1,547,873	100,857	0	305,753	112	90.24
91.00	09100	EMERGENCY	29,208,549	1,781,449	894,903	5,137,184	1,493	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	28,321,066	0	6,003,372	3,680,687	1,222	95.00
101.00	10100	HOME HEALTH AGENCY	74,926,067	284,483	314,495	4,874,448	1,291	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	15,474,471	128,521	41,039	766,390	172	105.00
106.00	10600	HEART ACQUISITION	2,909,999	10,724	3,425	138,635	26	106.00
107.00	10700	LIVER ACQUISITION	9,786,232	46,165	14,742	218,602	56	107.00
108.00	10800	LUNG ACQUISITION	3,859,556	8,864	2,829	95,948	22	108.00
109.00	10900	PANCREAS ACQUISITION	1,363,300	7,890	2,517	43,167	9	109.00
110.00	11000	INTESTINAL ACQUISITION	535,443	2,235	713	23,789	9	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	340,025	0	0	66,253	13	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4,329,137	130,494	41,670	847,813	202	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,460,329	17,852	16,686	1,579,145	435	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,323,494,740	45,070,071	78,722,645	142,226,931	38,224	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	307,813	141,792	23,293	28,007	125	190.00
191.00	19100 RESEARCH	2,522,116	289,064	63,648	434,106	17	191.00
191.01	19101 RESEARCH-GCRC	-201,736	54,804	35,240	166,008	86	191.01
191.02	19102 OSA	3,844,457	17,690	5,264	594,128	47	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,468	514,773	765	0	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	7,259,684	1,135,421	305,727	1,227,344	465	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	19,172	0	496	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	8,050,963	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	244,476	0	30,078	46,371	17	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	273,855	56,252	0	47,224	9	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	201.00
202.00	TOTAL (sum lines 118 through 201)	2,337,768,045	55,330,830	79,187,156	144,770,119	38,990	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
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	87,385,676				5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	8,092,280			5.03
5.04	00570	ADMINITTING	0	76	17,313,087		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	53,328,105	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,562,353	33,291	0	0	215,628,729
6.00	00600	MAINTENANCE & REPAIRS	588,293	0	0	0	36,703,277
7.00	00700	OPERATION OF PLANT	1,099,434	1,156	0	0	54,965,458
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	514,204
9.00	00900	HOUSEKEEPING	0	0	0	0	0
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	4,371,586
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,865,363
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	6,490,954
9.04	00904	HOUSEKEEPING - SAXONY	125,374	309	0	0	930,926
9.05	00905	HOUSEKEEPING - MORGAN	125,374	400	0	0	728,208
10.00	01000	DIETARY	2,063,849	1,475	0	0	19,560,632
11.00	01100	CAFETERIA	0	0	0	0	582,445
13.00	01300	NURSING ADMINISTRATION	2,382,106	767	0	0	42,240,548
13.01	01851	PARAMED ED ADMINISTRATION	19,288	7	0	0	381,105
14.00	01400	CENTRAL SERVICES & SUPPLY	1,948,119	56,532	0	0	120,195,189
15.00	01500	PHARMACY	3,105,417	55,315	0	0	47,996,557
16.00	01600	MEDICAL RECORDS & LIBRARY	19,288	0	0	0	17,668,681
17.00	01700	SOCIAL SERVICE	771,532	23	0	0	7,439,084
18.00	01850	PATIENT TRANSPORTATION	472,564	183	0	0	3,923,339
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	48,296,051
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,644	3	0	0	48,394,353
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0
23.05	02312	PARAMED PASTORAL EDUCATION	67,509	0	0	0	558,713
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0
23.07	02307	PARAMED PHARMACY	212,171	0	0	0	2,238,406
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0
23.09	02309	PARAMED SURGERY TECHNOLOGY	38,577	24	0	0	381,090
23.10	02310	PARAMED PHARMACY TECH	28,932	63	0	0	362,312
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	17,195,526	414,542	2,925,977	5,338,024	196,907,439
31.00	03100	INTENSIVE CARE UNIT	1,899,898	61,709	458,641	755,668	22,891,790
32.00	03200	CORONARY CARE UNIT	2,054,205	91,422	416,487	686,214	25,918,242
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,806,449	45,722	589,538	971,338	30,838,039
33.00	03300	BURN INTENSIVE CARE UNIT	231,460	5,697	34,771	57,290	3,067,358
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03401	UH SURG 61C	405,054	18,036	78,168	128,791	5,599,030
34.03	03402	UH NS 31C	0	0	0	0	0
34.04	03403	RH PED 1C	1,147,654	28,948	197,658	325,667	13,748,219
34.05	03404	TRANSPLANT ICU	250,748	10,645	42,881	70,652	3,054,684
34.06	03407	PEDS CANCER CARE	270,036	4,959	47,376	78,057	3,634,267
40.00	04000	SUBPROVIDER - IPF	443,631	1,109	38,570	63,548	4,781,449
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	163,951	2,791	26,782	44,127	1,854,291
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,908,874	596,443	2,306,096	5,891,049	87,337,496
50.01	05001	ENDOSCOPY	173,595	19,651	79,001	179,939	2,744,243
51.00	05100	RECOVERY ROOM	1,002,992	16,234	151,109	701,039	13,268,365
52.00	05200	DELIVERY ROOM & LABOR ROOM	839,041	14,309	161,181	309,087	10,454,135
53.00	05300	ANESTHESIOLOGY	183,239	70,107	189,808	458,016	5,974,086
53.01	05301	PULMONARY FUNCTION TESTING	405,054	7,427	14,750	187,093	5,313,364
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,828,729	75,441	938,818	3,331,317	68,992,140
55.00	05500	RADIOLOGY-THERAPEUTIC	501,496	3,315	46,045	984,275	11,449,038
56.00	05600	RADIOISOTOPE	115,730	2,563	19,754	291,251	3,194,109
59.00	05900	CARDIAC CATHETERIZATION	144,662	0	54,837	252,195	2,608,773
60.00	06000	LABORATORY	5,420,014	1,418,589	949,288	2,906,057	45,874,832
60.01	06001	TRANSPLANT IMMUNOLOGY	125,374	50,399	9,175	83,892	2,150,511
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	405,054	74,849	329,500	608,638	14,119,314
65.00	06500	RESPIRATORY THERAPY	2,690,719	123,319	565,906	949,812	32,148,109

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal		
		5.02	5.03	5.04	5.05	5A.05		
66.00	06600	PHYSICAL THERAPY	2,169,935	20,573	163,071	445,581	29,478,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	491,852	3,396	60,190	117,213	6,057,900	67.00
68.00	06800	SPEECH PATHOLOGY	569,005	2,876	38,732	137,734	7,570,719	68.00
69.00	06900	ELECTROCARDIOLOGY	356,834	2,257	170,123	499,579	6,483,533	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	607,582	8,760	140,550	343,200	9,255,568	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,735,719	699,869	1,941,420	55,944,771	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,638,488	1,478,504	3,289,195	85,796,621	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,569,458	9,658,735	247,524,774	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	974,060	378	1	1,587,218	240,086,970	73.03
74.00	07400	RENAL DIALYSIS	472,564	55,870	79,769	210,385	6,491,927	74.00
76.00	03020	RH NBN ECMO IC	106,086	5,675	19,968	32,899	1,659,649	76.00
76.01	03140	CARDIOLOGY	135,018	32,624	63,447	374,361	3,134,531	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	163,951	1,886	0	8	1,672,006	76.02
76.03	03950	CARDIAC CATH	559,361	13,591	198,119	847,937	10,659,756	76.03
76.04	03951	DAY SURGERY	491,852	18,637	2,630	135,178	5,939,394	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	212,171	127	77,728	128,067	3,369,593	76.08
76.97	07697	CARDIAC REHABILITATION	57,865	180	0	18,159	1,030,522	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	106,086	0	12,740	20,991	3,610,825	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	125,374	1,869	140	23,602	1,128,209	90.01
90.02	09002	IUSCC HEM/ONC	2,015,628	38,017	3,102	683,855	26,942,764	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	96,442	555	24	23,031	995,426	90.03
90.04	09004	AMB SVC-PSYCH ADULT	125,374	30	4	4,070	1,399,954	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	260,392	609	46,707	147,033	3,363,491	90.06
90.07	09007	AMB SVC-RILEY CLINICS	742,600	8,362	1,329	124,831	3,542,110	90.07
90.08	09008	MOTILITY LAB	9,644	1,767	67	5,958	260,473	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	556	90.10
90.11	09023	SLEEP LAB	520,784	5,124	23	88,732	4,861,250	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	INFUSION CLINIC	38,577	535	1	32,462	541,605	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	154,306	483	18	6,457	1,138,763	90.17
90.18	09016	DERMATOLOGY CLINIC	125,374	2,282	7	41,261	1,261,580	90.18
90.19	09017	INFUSION/HEM/ONC	0	106	0	523	70,593	90.19
90.20	09025	IUMG - MH	0	0	0	0	48,662	90.20
90.21	09019	OP REHAB CLINIC	9,644	22	4	3,799	49,600	90.21
90.22	09020	EATING DISORDERS CLINIC	154,306	94	6	17,891	2,132,524	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	221,816	268	16	5,733	1,944,546	90.23
90.24	09021	LIFE CARE CLINIC	250,748	60	0	69	2,205,472	90.24
91.00	09100	EMERGENCY	3,346,521	102,155	598,001	3,374,958	44,445,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,738,940	16,047	398	1,271,635	42,033,367	95.00
101.00	10100	HOME HEALTH AGENCY	2,893,246	24,242	0	1,432,963	84,751,235	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	385,766	12,929	114,235	188,216	17,111,739	105.00
106.00	10600	HEART ACQUISITION	57,865	72	12,095	19,928	3,152,769	106.00
107.00	10700	LIVER ACQUISITION	125,374	2,335	55,783	91,909	10,341,198	107.00
108.00	10800	LUNG ACQUISITION	48,221	86	22,212	36,596	4,074,334	108.00
109.00	10900	PANCREAS ACQUISITION	19,288	250	9,133	15,048	1,460,602	109.00
110.00	11000	INTESTINAL ACQUISITION	19,288	330	2,766	4,558	589,131	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	28,932	0	0	0	435,223	112.00
112.01	08601	POST TRANSPLANT EXPENSES	453,275	8,398	0	0	5,810,989	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	974,060	5,951	0	242,091	14,296,549	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,669,016	8,081,865	17,313,087	53,328,105	2,308,498,441	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	279,680	0	0	0	780,710	190.00
191.00	19100	RESEARCH	38,577	723	0	0	3,348,251	191.00
191.01	19101	RESEARCH-GCRC	192,883	2,085	0	0	249,370	191.01
191.02	19102	OSA	106,086	2,991	0	0	4,570,663	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	519,006	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,041,569	2,597	0	0	10,972,807	192.01

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part 1 Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING & STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	7	0	0	19,675	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	8,050,963	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	38,577	1,987	0	0	361,506	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	19,288	25	0	0	396,653	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 through 201)	87,385,676	8,092,280	17,313,087	53,328,105	2,337,768,045	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	215,628,729				5.06
6.00	00600	MAINTENANCE & REPAIRS	3,729,383	40,432,660			6.00
7.00	00700	OPERATION OF PLANT	5,584,985	1,479,128	62,029,571		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	52,248	336,186	535,342	1,437,980	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	444,192	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	392,756	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	659,539	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	94,590	16,250	25,877	28	9.04
9.05	00905	HOUSEKEEPING - MORGAN	73,992	15,351	24,445	0	9.05
10.00	01000	DIETARY	1,987,536	398,313	634,274	0	10.00
11.00	01100	CAFETERIA	59,182	58,500	93,155	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,292,020	464,361	739,449	0	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	38,724	93,572	149,005	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	12,212,913	791,982	1,261,151	3,306	14.00
15.00	01500	PHARMACY	4,876,882	555,734	884,950	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,795,297	1,731	2,756	0	16.00
17.00	01700	SOCIAL SERVICE	755,878	50,111	79,796	0	17.00
18.00	01850	PATIENT TRANSPORTATION	398,647	29,802	47,457	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,907,313	32,501	51,755	165	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,917,302	226,695	360,990	1,362	22.00
23.00	02300	PARAMEDICAL PRGM	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	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	56,770	42,024	66,920	0	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	227,442	44,821	71,373	0	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	38,722	15,674	24,959	0	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	36,814	24,386	38,831	0	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	20,007,568	6,740,993	10,734,343	679,587	30.00
31.00	03100	INTENSIVE CARE UNIT	2,326,012	389,904	620,883	62,185	31.00
32.00	03200	CORONARY CARE UNIT	2,633,527	455,806	725,825	50,020	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	3,133,422	675,041	1,074,935	27,770	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	311,671	144,201	229,626	9,908	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	568,912	266,275	424,017	4,517	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PED 1C	1,396,943	457,468	728,472	28,930	34.04
34.05	03404	TRANSPLANT ICU	310,383	161,136	256,593	4,522	34.05
34.06	03407	PEDS CANCER CARE	369,274	365,626	582,223	11,902	34.06
40.00	04000	SUBPROVIDER - IPF	485,838	346,374	551,566	6,764	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	188,413	2,669	4,251	13,631	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	8,874,276	2,586,254	4,118,348	158,308	50.00
50.01	05001	ENDOSCOPY	278,840	70,937	112,960	4,000	50.01
51.00	05100	RECOVERY ROOM	1,348,185	661,645	1,053,604	10,120	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,062,234	429,367	683,724	39,856	52.00
53.00	05300	ANESTHESIOLOGY	607,021	108,796	173,247	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	539,886	194,586	309,858	5,650	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,010,222	2,589,539	4,123,580	93,210	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,163,325	498,867	794,395	8,847	55.00
56.00	05600	RADIOISOTOPE	324,550	201,039	320,134	2,735	56.00
59.00	05900	CARDIAC CATHETERIZATION	265,075	116,618	185,703	0	59.00
60.00	06000	LABORATORY	4,661,296	2,176,315	3,465,562	1,341	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	218,511	41,389	65,908	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,434,649	83,521	132,999	2	63.00
65.00	06500	RESPIRATORY THERAPY	3,266,537	275,906	439,353	183	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
66.00	06600	PHYSICAL THERAPY	2,995,324	517,640	824,289	10,858	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	615,537	60,778	96,783	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	769,253	241,763	384,983	28	0	68.00
69.00	06900	ELECTROCARDIOLOGY	658,785	112,805	179,631	5,333	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	940,449	567,174	903,167	1,053	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,684,492	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,717,709	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,151,025	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	24,394,997	122,700	195,387	0	0	73.03
74.00	07400	RENAL DIALYSIS	659,638	341,368	543,594	8,525	0	74.00
76.00	03020	RH NBN ECMO IC	168,635	1,418	2,258	0	0	76.00
76.01	03140	CARDIOLOGY	318,497	81,468	129,729	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	169,891	0	0	1,356	0	76.02
76.03	03950	CARDIAC CATH	1,083,127	647,879	1,031,681	20,588	0	76.03
76.04	03951	DAY SURGERY	603,496	273,296	435,196	5,879	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	342,381	4,009	6,384	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	104,710	77,615	123,594	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	366,892	469	747	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	114,636	189,540	301,824	1,681	0	90.01
90.02	09002	IUSCC HEM/ONC	2,737,627	1,306,092	2,079,820	2,686	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	101,144	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	142,248	131,950	210,117	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	341,761	137,073	218,275	408	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	359,910	413,332	658,189	7,550	0	90.07
90.08	09008	MOTILITY LAB	26,466	2,327	3,706	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	56	0	0	0	0	90.10
90.11	09023	SLEEP LAB	493,947	55,772	88,811	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	INFUSION CLINIC	55,032	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	115,709	123,678	196,944	618	0	90.17
90.18	09016	DERMATOLOGY CLINIC	128,188	80,431	128,078	1,245	0	90.18
90.19	09017	INFUSION/HEM/ONC	7,173	0	0	0	0	90.19
90.20	09025	IUMG - MH	4,944	38,113	60,692	0	0	90.20
90.21	09019	OP REHAB CLINIC	5,040	0	0	562	0	90.21
90.22	09020	EATING DISORDERS CLINIC	216,684	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	197,583	176,741	281,443	173	0	90.23
90.24	09021	LIFE CARE CLINIC	224,096	78,994	125,790	0	0	90.24
91.00	09100	EMERGENCY	4,516,034	1,395,274	2,221,833	138,819	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,270,968	0	0	30	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,611,488	222,814	354,808	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	1,738,707	100,661	160,293	0	0	105.00
106.00	10600	HEART ACQUISITION	320,350	8,399	13,375	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,050,759	36,158	57,578	0	0	107.00
108.00	10800	LUNG ACQUISITION	413,989	6,942	11,055	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	148,410	6,179	9,840	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	59,861	1,750	2,787	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	44,223	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	590,449	102,206	162,753	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,452,658	13,982	22,265	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	212,654,675	32,396,184	49,232,293	1,436,241	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,327	111,055	176,844	0	0	190.00
191.00	19100	RESEARCH	340,212	226,402	360,522	0	0	191.00
191.01	19101	RESEARCH-GCRC	25,338	42,924	68,352	1,301	0	191.01
191.02	19102	OSA	464,420	13,855	22,063	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	52,736	403,182	642,027	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,114,936	889,289	1,416,104	438	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
192.02	19202 OTHER NONREIMBURSABLE - IUMC	1,999	0	0	0	0	0192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	818,050	6,305,711	10,041,208	0	0	0192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	0192.04
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	0192.06
192.07	19207 RHI	36,732	0	0	0	0	0192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	0192.09
192.10	19212 CARDIO PHYSICIANS	40,304	44,058	70,158	0	0	0192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	0192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0201.00
202.00	TOTAL (sum lines 118 through 201)	215,628,729	40,432,660	62,029,571	1,437,980	0	0202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part I  
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Cost Center Description		HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	
		UNI VERSI TY	RI LEY	METHODI ST	SAXONY	MORGAN	
		9.01	9.02	9.03	9.04	9.05	
<b>GENERAL SERVICE COST CENTERS</b>							
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	4,815,778					9.01
9.02	00902	0	4,258,119				9.02
9.03	00903	0	0	7,150,493			9.03
9.04	00904	0	0	0	1,067,671		9.04
9.05	00905	0	0	0	0	841,996	9.05
10.00	01000	67,554	4,712	105,098	15,721	0	10.00
11.00	01100	0	0	0	27,649	0	11.00
13.00	01300	28,227	86,816	114,329	0	7,303	13.00
13.01	01851	0	0	46,916	0	0	13.01
14.00	01400	93,773	142,729	104,426	35,810	26,946	14.00
15.00	01500	105,582	41,913	83,988	26,572	12,837	15.00
16.00	01600	799	0	0	0	0	16.00
17.00	01700	654	11,316	13,501	0	0	17.00
18.00	01850	5,126	0	9,368	0	0	18.00
21.00	02100	2,071	14,564	0	0	0	21.00
22.00	02200	22,951	5,424	83,498	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	0	3,203	17,977	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	0	22,473	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	0	7,859	0	0	23.09
23.10	02310	0	0	12,227	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	886,606	993,388	1,318,216	132,385	0	30.00
31.00	03100	0	0	195,493	0	0	31.00
32.00	03200	81,868	43,321	97,818	0	0	32.00
32.01	03201	25,871	268,881	51,049	0	0	32.01
33.00	03300	0	74,971	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	120,726	2,440	0	0	0	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	0	194,479	41,813	0	0	34.04
34.05	03404	74,368	0	0	0	0	34.05
34.06	03407	0	190,092	0	0	0	34.06
40.00	04000	1,904	54,958	118,599	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	1,338	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	413,339	262,374	469,341	88,187	56,446	50.00
50.01	05001	0	0	35,567	0	0	50.01
51.00	05100	41,078	121,927	56,838	106,229	0	51.00
52.00	05200	0	23,242	192,865	0	0	52.00
53.00	05300	5,844	40,775	8,878	0	0	53.00
53.01	05301	17,775	53,138	25,306	1,604	0	53.01
54.00	05400	361,399	268,967	556,751	49,993	65,022	54.00
55.00	05500	106,864	0	87,170	0	83,305	55.00
56.00	05600	38,308	10,777	44,185	4,344	0	56.00
59.00	05900	0	0	0	55,118	0	59.00
60.00	06000	102,987	64,570	93,734	37,867	30,763	60.00
60.01	06001	0	0	20,752	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	3,944	2,577	10,354	0	0	63.00
65.00	06500	22,649	34,105	72,855	2,703	9,098	65.00
66.00	06600	28,989	4,850	188,233	20,902	23,042	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			HOUSEKEEPING - UNI VERSI TY	HOUSEKEEPING - RI LEY	HOUSEKEEPING - METHODI ST	HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	4,653	13,664	7,863	0	7,782	67.00
68.00	06800	SPEECH PATHOLOGY	21,967	63,442	34,640	0	2,728	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,152	34,748	0	21,378	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,051	264,073	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	427	50,529	0	0	73.03
74.00	07400	RENAL DIALYSIS	137,653	0	21,610	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	737	0	0	0	76.00
76.01	03140	CARDIOLOGY	3,809	38,065	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	1,530	19,261	304,601	0	0	76.03
76.04	03951	DAY SURGERY	122,635	0	3,799	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	2,010	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	23,263	25,317	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	244	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	87,477	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	494,806	35,666	82,919	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	66,158	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	54,179	0	9,869	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	214,894	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	1,210	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	3,123	15,319	15,268	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	INFUSION 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	57,080	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	37,121	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	19,110	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	61,462	22,652	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	39,607	0	0	90.24
91.00	09100	EMERGENCY	27,726	208,301	323,098	58,912	147,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	1,620	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	27,486	3,223	17,502	0	0	105.00
106.00	10600	HEART ACQUISITION	2,292	269	1,461	0	0	106.00
107.00	10700	LIVER ACQUISITION	9,874	1,159	6,285	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,895	224	1,206	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,688	198	1,074	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	478	56	304	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	27,911	3,274	17,771	0	0	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	3,042	0	706	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,849,640	3,678,678	5,622,881	702,578	534,743	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,928	46,555	0	0	0	190.00
191.00	19100	RESEARCH	2,220	0	111,098	0	0	191.00
191.01	19101	RESEARCH-GCRC	2,658	2,928	15,810	0	0	191.01
191.02	19102	OSA	0	6,024	1,137	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,399	7,386	7,422	2,251	307,253	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	21,471	8,164	414,680	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	918,462	508,384	955,375	362,842	0	192.03



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			HOUSEKEEPING	HOUSEKEEPING	HOUSEKEEPING	HOUSEKEEPING	HOUSEKEEPING
			UNI VERSI TY	RI LEY	METHODI ST	SAXONY	MORGAN
			9.01	9.02	9.03	9.04	9.05
192.04	19204	MHH RADIOLOGY	0	0	0	0	0
192.06	19206	BELTWAY SURGERY	0	0	0	0	0
192.07	19207	RHI	0	0	0	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	0	0	22,090	0	0
192.11	19211	UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	4,815,778	4,258,119	7,150,493	1,067,671	841,996

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part I  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	13.00	13.01	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	22,773,840					10.00
11.00	01100	0	820,931				11.00
13.00	01300	0	23,900	47,996,953			13.00
13.01	01851	0	194	0	709,516		13.01
14.00	01400	0	19,546	0	0	134,887,771	14.00
15.00	01500	0	31,157	0	0	932,861	15.00
16.00	01600	0	194	0	0	0	16.00
17.00	01700	0	7,741	0	0	384	17.00
18.00	01850	0	4,741	0	0	3,084	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	97	0	0	52	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	0	677	0	62,301	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	2,129	0	278,101	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	387	0	56,150	401	23.09
23.10	02310	0	290	0	45,272	1,065	23.10
23.11	02311	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	19,526,425	172,526	18,394,579	0	6,991,047	30.00
31.00	03100	557,226	19,062	2,297,726	0	1,040,690	31.00
32.00	03200	546,696	20,610	2,476,439	0	1,541,790	32.00
32.01	03201	156,540	28,158	3,382,764	0	771,072	32.01
33.00	03300	168,698	2,322	268,068	0	96,071	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	49,049	4,064	472,310	0	304,172	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	308,800	11,515	1,378,636	0	488,197	34.04
34.05	03404	47,723	2,516	306,364	0	179,523	34.05
34.06	03407	214,830	2,709	344,659	0	83,630	34.06
40.00	04000	620,781	4,451	293,598	0	18,709	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	1,645	178,712	0	47,064	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	49,252	3,369,999	0	10,058,729	50.00
50.01	05001	0	1,742	178,712	0	331,405	50.01
51.00	05100	24,240	10,063	1,123,333	0	273,771	51.00
52.00	05200	0	8,418	829,735	0	241,320	52.00
53.00	05300	0	1,838	165,947	0	1,182,318	53.00
53.01	05301	0	4,064	127,651	0	125,247	53.01
54.00	05400	0	38,415	931,856	112,746	1,272,276	54.00
55.00	05500	0	5,032	217,008	0	55,904	55.00
56.00	05600	0	1,161	0	0	43,232	56.00
59.00	05900	0	1,451	76,591	0	0	59.00
60.00	06000	0	54,380	89,356	50,164	23,923,822	60.00
60.01	06001	0	1,258	0	0	849,959	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	4,064	0	0	1,262,291	63.00
65.00	06500	0	26,997	0	104,782	2,079,709	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	13.00	13.01	14.00		
66.00	06600	PHYSICAL THERAPY	0	21,772	38,295	0	346,951	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,935	0	0	57,267	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,709	89,356	0	48,510	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,580	38,295	0	38,060	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,096	12,765	0	147,726	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	29,272,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	44,497,683	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	9,773	0	0	6,374	73.03
74.00	07400	RENAL DIALYSIS	0	4,741	472,310	0	942,216	74.00
76.00	03020	RH NBN ECMO IC	0	1,064	127,651	0	95,703	76.00
76.01	03140	CARDIOLOGY	0	1,355	89,356	0	550,194	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,645	140,417	0	31,813	76.02
76.03	03950	CARDIAC CATH	0	5,612	485,076	0	229,206	76.03
76.04	03951	DAY SURGERY	0	4,935	548,901	0	314,312	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	2,129	153,182	0	2,143	76.08
76.97	07697	CARDIAC REHABILITATION	0	581	38,295	0	3,029	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,064	12,765	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	1,258	165,947	0	31,514	90.01
90.02	09002	IUSCC HEM/ONC	0	20,223	1,455,227	0	641,147	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	968	25,530	0	9,355	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,258	12,765	0	499	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	2,613	153,182	0	10,268	90.06
90.07	09007	AMB SVC-RILEY CLINICS	16,173	7,451	740,379	0	141,013	90.07
90.08	09008	MOTILITY LAB	0	97	12,765	0	29,796	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	7,878	5,225	0	0	86,412	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	INFUSION CLINIC	0	387	25,530	0	9,023	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	1,548	204,242	0	8,151	90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,258	140,417	0	38,488	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	1,781	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	97	12,765	0	372	90.21
90.22	09020	EATING DISORDERS CLINIC	0	1,548	12,765	0	1,590	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	2,226	293,598	0	4,514	90.23
90.24	09021	LIFE CARE CLINIC	0	2,516	76,591	0	1,005	90.24
91.00	09100	EMERGENCY	496,019	33,577	3,063,635	0	1,722,795	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	27,480	574,432	0	270,632	95.00
101.00	10100	HOME HEALTH AGENCY	0	29,029	727,613	0	408,837	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	3,870	114,886	0	218,041	105.00
106.00	10600	HEART ACQUISITION	0	581	12,765	0	1,220	106.00
107.00	10700	LIVER ACQUISITION	0	1,258	12,765	0	39,375	107.00
108.00	10800	LUNG ACQUISITION	0	484	12,765	0	1,458	108.00
109.00	10900	PANCREAS ACQUISITION	0	194	0	0	4,222	109.00
110.00	11000	INTESTINAL ACQUISITION	0	194	0	0	5,565	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	290	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	4,548	0	0	141,634	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	9,773	663,788	0	100,363	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,741,078	803,708	47,665,059	709,516	134,712,132	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,806	0	0	0	190.00
191.00	19100	RESEARCH	0	387	0	0	12,187	191.00
191.01	19101	RESEARCH-GCRC	32,762	1,935	0	0	35,162	191.01
191.02	19102	OSA	0	1,064	51,061	0	50,448	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	10,450	280,833	0	43,804	192.01

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part 1 Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	13.00	13.01	14.00	
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	113	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	387	0	0	33,503	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	194	0	0	422	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 through 201)	22,773,840	820,931	47,996,953	709,516	134,887,771	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	55,549,033					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	19,469,458				16.00
17.00 01700 SOCIAL SERVICE	302	0	8,358,767			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	4,421,564		18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	53,304,420	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	0	0	0	0	0	23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 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	174	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	198,200	1,948,997	5,877,152	442,868	19,222,904	30.00
31.00 03100 INTENSIVE CARE UNIT	23,791	275,907	510,865	62,694	2,256,081	31.00
32.00 03200 CORONARY CARE UNIT	69,246	250,548	470,083	56,932	111,880	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	44,332	354,651	769,323	80,587	906,713	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	2,382	20,917	48,658	4,753	11,674	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	8,559	47,024	88,858	10,685	106,043	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PEDIC	29,912	118,906	229,333	27,019	736,461	34.04
34.05 03404 TRANSPLANT ICU	5,230	25,796	54,366	5,862	90,477	34.05
34.06 03407 PEDS CANCER CARE	7,675	28,500	88,488	6,476	0	34.06
40.00 04000 SUBPROVIDER - IPF	13	23,202	113,490	5,272	120,636	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	16,111	108,151	3,661	95,341	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	106,796	2,150,915	0	488,750	5,452,926	50.00
50.01 05001 ENDOSCOPY	1,452	65,699	0	14,929	0	50.01
51.00 05100 RECOVERY ROOM	11,164	255,961	0	58,162	218,895	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	112,852	0	25,643	59,345	52.00
53.00 05300 ANESTHESIOLOGY	105,318	167,229	0	37,999	4,542,321	53.00
53.01 05301 PULMONARY FUNCTION TESTING	361	68,311	0	15,522	77,829	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	55,903	1,216,317	0	276,382	3,514,000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,802	359,374	0	81,660	50,589	55.00
56.00 05600 RADIOISOTOPE	569	106,340	0	24,164	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	1,241	92,080	0	20,923	98,260	59.00
60.00 06000 LABORATORY	11,793	1,061,047	0	241,100	2,079,992	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	30,630	0	6,960	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2: 46 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	17.00	18.00	21.00		
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	368	222,223	0	50,496	16,539	63.00	
65.00 06500 RESPIRATORY THERAPY	29,609	346,791	0	78,801	32,105	65.00	
66.00 06600 PHYSICAL THERAPY	1,231	162,689	0	36,968	35,023	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	42,796	0	9,725	24,322	67.00	
68.00 06800 SPEECH PATHOLOGY	70	50,289	0	11,427	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,216	182,404	0	41,448	599,287	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	125,308	0	28,474	1,439,845	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	708,843	0	161,070	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,200,937	0	272,887	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	54,358,505	3,525,081	0	798,540	0	73.00	
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	579,519	0	131,683	0	73.03	
74.00 07400 RENAL DIALYSIS	15,185	76,815	0	17,455	198,465	74.00	
76.00 03020 RH NBN ECMO IC	833	12,012	0	2,729	0	76.00	
76.01 03140 CARDIOLOGY	5,229	136,685	0	31,059	809,426	76.01	
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	57	3	0	1	0	76.02	
76.03 03950 CARDIAC CATH	7,663	309,595	0	70,349	0	76.03	
76.04 03951 DAY SURGERY	1,881	49,356	0	11,215	48,643	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	46,759	0	10,625	0	76.08	
76.97 07697 CARDIAC REHABILITATION	44	6,630	0	1,507	0	76.97	
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	7,664	0	1,742	0	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	108	8,618	0	1,958	358,015	90.01	
90.02 09002 IUSCC HEM/ONC	94,154	249,686	0	56,736	222,787	90.02	
90.03 09003 AMB SVC-OPHTHALMOLOGY	61	8,409	0	1,911	0	90.03	
90.04 09004 AMB SVC-PSYCH ADULT	0	1,486	0	338	194,574	90.04	
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05	
90.06 09006 OUTPATIENT SURGERY	110	53,684	0	12,199	0	90.06	
90.07 09007 AMB SVC-RILEY CLINICS	12,270	45,578	0	10,357	346,341	90.07	
90.08 09008 MOTILITY LAB	18	2,175	0	494	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	32,398	0	7,362	16,539	90.11	
90.12 09024 OP CARE ADULTS	0	0	0	0	240,298	90.12	
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13	
90.14 09012 INFUSION CLINIC	3,719	11,852	0	2,693	140,093	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	35	2,358	0	536	0	90.17	
90.18 09016 DERMATOLOGY CLINIC	94	15,065	0	3,423	0	90.18	
90.19 09017 INFUSION/HEM/ONC	959	191	0	43	777,322	90.19	
90.20 09025 IUMG - MH	0	0	0	0	67,128	90.20	
90.21 09019 OP REHAB CLINIC	0	1,387	0	315	106,043	90.21	
90.22 09020 EATING DISORDERS CLINIC	0	6,532	0	1,484	0	90.22	
90.23 09018 GASTROENTEROLOGY CLINIC	0	2,093	0	476	0	90.23	
90.24 09021 LIFE CARE CLINIC	0	25	0	6	0	90.24	
91.00 09100 EMERGENCY	51,468	1,232,251	0	280,003	5,052,104	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	2,636	464,294	0	105,501	0	95.00	
101.00 10100 HOME HEALTH AGENCY	27,585	523,198	0	118,885	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	408	68,721	0	15,615	0	105.00	
106.00 10600 HEART ACQUISITION	0	7,276	0	1,653	0	106.00	
107.00 10700 LIVER ACQUISITION	56,794	33,557	0	7,625	0	107.00	
108.00 10800 LUNG ACQUISITION	0	13,362	0	3,036	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	5,494	0	1,248	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	1,664	0	378	0	110.00	
112.00 08600 OTHER ORGAN ACQUISITION EXP	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	177,983	88,391	0	20,085	0	116.00	
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	55,538,508	19,469,458	8,358,767	4,421,564	50,477,266	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	2,675,387	191.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 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		
191.01	19101	RESEARCH-GCRC	440	0	0	0	0	0	191.01
191.02	19102	OSA	8,672	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	80,748	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,391	0	0	0	71,019	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	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	22	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	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							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	55,549,033	19,469,458	8,358,767	4,421,564	53,304,420	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
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Worksheet B  
Part I  
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6/29/2021 2:46 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY
	SERVICES-OTHER PRGM COSTS APPRV				
	22.00				
<b>GENERAL SERVICE COST CENTERS</b>					
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 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	54,012,724				22.00
23.00 02300 PARAMED PRGM		0			23.00
23.01 02301 PARAMED HEALTH SCIENCES			0		23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST				0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY					0 23.03
23.04 02304 PARAMED EMERGENCY					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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	19,478,332	0	0	0	0 30.00
31.00 03100 INTENSIVE CARE UNIT	2,286,060	0	0	0	0 31.00
32.00 03200 CORONARY CARE UNIT	113,366	0	0	0	0 32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	918,761	0	0	0	0 32.01
33.00 03300 BURN INTENSIVE CARE UNIT	11,830	0	0	0	0 33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.02 03401 UH SURG 61C	107,452	0	0	0	0 34.02
34.03 03402 UH NS 31C	0	0	0	0	0 34.03
34.04 03403 RH PEDIC	746,247	0	0	0	0 34.04
34.05 03404 TRANSPLANT ICU	91,679	0	0	0	0 34.05
34.06 03407 PEDS CANCER CARE	0	0	0	0	0 34.06
40.00 04000 SUBPROVIDER - IPF	122,239	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300 NURSERY	96,608	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	5,525,384	0	0	0	0 50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0 50.01
51.00 05100 RECOVERY ROOM	221,804	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	60,134	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	4,602,679	0	0	0	0 53.00
53.01 05301 PULMONARY FUNCTION TESTING	78,864	0	0	0	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,560,694	0	0	0	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	51,261	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
59.00 05900 CARDIAC CATHETERIZATION	99,565	0	0	0	0 59.00
60.00 06000 LABORATORY	2,107,631	0	0	0	0 60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0	0	0	0 60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0 60.02



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 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	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	16,759	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	32,531	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	35,489	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	24,645	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	607,250	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,458,977	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	201,102	0	0	0	0	74.00
76.00 03020 RH NBN ECMO IC	0	0	0	0	0	76.00
76.01 03140 CARDIOLOGY	820,182	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	49,290	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
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	362,773	0	0	0	0	90.01
90.02 09002 IUSCC HEM/ONC	225,747	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	197,159	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	350,943	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	16,759	0	0	0	0	90.11
90.12 09024 OP CARE ADULTS	243,492	0	0	0	0	90.12
90.13 09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14 09012 INFUSION CLINIC	141,955	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	787,651	0	0	0	0	90.19
90.20 09025 IUMG - MH	68,020	0	0	0	0	90.20
90.21 09019 OP REHAB CLINIC	107,452	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	5,119,236	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 EXP	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 11800 SUBTOTALS (SUM OF LINES 1 through 117)	51,148,002	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	2,710,938	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METH ODIST	PARAMED RESPIRATORY THERAPY		
			SERVICES-OTHER PRGM COSTS APPRV						
			22.00	23.00	23.01	23.02	23.03		
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	81,821	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	71,963	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	0	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	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 through 201)	54,012,724	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 6/29/2021 2:46 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
<b>GENERAL SERVICE COST CENTERS</b>							
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					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	0				23.04
23.05	02312	PARAMED PASTORAL EDUCATION		808,585			23.05
23.06	02306	PARAMED LAB SCIENCE PRO			0		23.06
23.07	02307	PARAMED PHARMACY				2,884,745	23.07
23.08	02308	PARAMED MEDICAL ASSIST					0
23.09	02309	PARAMED SURGERY TECHNOLOGY					23.09
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	568,526	0	10,293	0
31.00	03100	INTENSIVE CARE UNIT	0	49,418	0	1,235	0
32.00	03200	CORONARY CARE UNIT	0	45,474	0	3,596	0
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	74,420	0	2,302	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,707	0	124	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03401	UH SURG 61C	0	8,596	0	444	0
34.03	03402	UH NS 31C	0	0	0	0	0
34.04	03403	RH PED 1C	0	22,185	0	1,553	0
34.05	03404	TRANSPLANT ICU	0	5,259	0	272	0
34.06	03407	PEDS CANCER CARE	0	8,560	0	399	0
40.00	04000	SUBPROVIDER - IPF	0	10,978	0	1	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	0	10,462	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	5,546	0
50.01	05001	ENDOSCOPY	0	0	0	75	0
51.00	05100	RECOVERY ROOM	0	0	0	580	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	5,469	0
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	19	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,903	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	145	0
56.00	05600	RADIOISOTOPE	0	0	0	30	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	64	0
60.00	06000	LABORATORY	0	0	0	612	0
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	19	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,538	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

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Part 1  
Date/Time Prepared:  
6/29/2021 2:46 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	
66.00	06600	PHYSICAL THERAPY	0	0	0	64	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	115	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	2,822,945	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	789	0	74.00
76.00	03020	RH NBN ECMO IC	0	0	0	43	0	76.00
76.01	03140	CARDIOLOGY	0	0	0	272	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3	0	76.02
76.03	03950	CARDIAC CATH	0	0	0	398	0	76.03
76.04	03951	DAY SURGERY	0	0	0	98	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	2	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	6	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	4,889	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	0	3	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	6	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	637	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	INFUSION CLINIC	0	0	0	193	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	2	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	5	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	50	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	2,673	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	137	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,432	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	21	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,949	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 EXP	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	9,243	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	808,585	0	2,884,199	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
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	23	0	191.01
191.02	19102	OSA	0	0	0	450	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	72	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSI ST	
			23.04	23.05	23.06	23.07	23.08	
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0
192.07	19207	RHI	0	0	0	1	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0
192.11	19211	UNUSED SPACE	0	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	808,585	0	2,884,745	0	0

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 6/29/2021 2:46 pm		
Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOG Y	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	PARAMEDICAL 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	PARAMEDICAL PRGM						23.00
23.01	02301	PARAMEDICAL 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	525,242					23.09
23.10	02310	PARAMED PHARMACY TECH		521,371				23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			0			23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	331,232,374	-38,701,236	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	35,867,022	-4,542,141	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	35,713,087	-225,246	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	43,584,631	-1,825,474	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,477,939	-23,504	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	8,193,173	-213,495	34.02
34.03	03402	UH NS 31C	0	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	0	0	20,695,088	-1,482,708	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	4,676,753	-182,156	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	5,939,310	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	7,680,822	-242,875	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	2,622,348	-191,949	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	525,242	0	0	132,097,908	-10,978,310	50.00
50.01	05001	ENDOSCOPY	0	0	0	3,840,561	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	18,865,964	-440,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,222,870	-119,479	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17,729,765	-9,145,000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	6,959,035	-156,693	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	95,092,315	-7,074,694	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,015,586	-101,850	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,315,677	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,621,462	-197,825	59.00
60.00	06000	LABORATORY	0	0	0	86,129,164	-4,187,623	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	3,385,878	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 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	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	17,360,119	-33,298	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	39,004,361	-64,636	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	34,771,531	-70,512	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	7,028,650	-48,967	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	9,294,888	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	9,019,020	-1,206,537	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	15,171,726	-2,898,822	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	91,771,256	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	140,485,837	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	521,371	0	334,702,241	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0	265,578,359	0	73.03
74.00	07400 RENAL DIALYSIS	0	0	0	10,133,393	-399,567	74.00
76.00	03020 RH NBN ECMO IC	0	0	0	2,072,732	0	76.00
76.01	03140 CARDIOLOGY	0	0	0	6,149,857	-1,629,608	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2,017,192	0	76.02
76.03	03950 CARDIAC CATH	0	0	0	14,876,322	0	76.03
76.04	03951 DAY SURGERY	0	0	0	8,412,326	-97,933	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	3,939,215	0	76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0	1,435,109	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	4,002,412	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	2,753,564	-720,788	90.01
90.02	09002 IUSCC HEM/ONC	0	0	0	36,652,976	-448,534	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0	1,142,807	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0	0	0	2,358,506	-391,733	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0	0	0	4,357,118	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	0	0	6,867,127	-697,284	90.07
90.08	09008 MOTILITY LAB	0	0	0	339,528	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	612	0	90.10
90.11	09023 SLEEP LAB	0	0	0	5,706,063	-33,298	90.11
90.12	09024 OP CARE ADULTS	0	0	0	483,790	-483,790	90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0	0	0	932,082	-282,048	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	1,849,664	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	0	1,835,393	0	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0	1,645,763	-1,564,973	90.19
90.20	09025 IUMG - MH	0	0	0	306,669	-135,148	90.20
90.21	09019 OP REHAB CLINIC	0	0	0	283,633	-213,495	90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	0	2,373,127	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0	0	0	2,987,507	0	90.23
90.24	09021 LIFE CARE CLINIC	0	0	0	2,754,102	0	90.24
91.00	09100 EMERGENCY	0	0	0	70,536,479	-10,171,340	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	47,749,477	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	95,778,544	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	19,581,173	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	3,522,410	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	11,657,334	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	4,540,750	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	1,639,149	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	662,168	0	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	0	0	0	479,736	0	112.00
112.01	08601 POST TRANSPLANT EXPENSES	0	0	0	6,861,535	0	112.01
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600 HOSPICE	0	0	0	16,858,828	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	525,242	521,371	0	2,274,682,892	-101,625,268	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,207,225	0	190.00
191.00	19100 RESEARCH	0	0	0	9,787,604	-5,386,325	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOG Y	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.09	23.10	23.11	24.00	25.00	
191.01	19101	RESEARCH-GCRC	0	0	0	479,003	0	191.01
191.02	19102	OSA	0	0	0	5,189,857	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,115,231	-162,569	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	15,317,421	-142,982	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	21,787	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	27,960,995	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	432,151	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	573,879	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	525,242	521,371	0	2,337,768,045	-107,317,144	202.00



COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 6/29/2021 2:46 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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	PARAMEDICAL 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	PARAMEDICAL PRGM	23.00
23.01	02301	PARAMEDICAL HEALTH SCIENCES	23.01
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	23.03
23.04	02304	PARAMEDICAL EMERGENCY	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	23.06
23.07	02307	PARAMEDICAL PHARMACY	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
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
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
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 STORAGE, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		Total	
		26.00	
68.00	06800 SPEECH PATHOLOGY	9,294,888	68.00
69.00	06900 ELECTROCARDIOLOGY	7,812,483	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,272,904	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	91,771,256	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	140,485,837	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	334,702,241	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	265,578,359	73.03
74.00	07400 RENAL DIALYSIS	9,733,826	74.00
76.00	03020 RH NBN ECMO IC	2,072,732	76.00
76.01	03140 CARDIOLOGY	4,520,249	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,017,192	76.02
76.03	03950 CARDIAC CATH	14,876,322	76.03
76.04	03951 DAY SURGERY	8,314,393	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	3,939,215	76.08
76.97	07697 CARDIAC REHABILITATION	1,435,109	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,002,412	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 AMB SVC-OB & GYN	2,032,776	90.01
90.02	09002 IUSCC HEM/ONC	36,204,442	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	1,142,807	90.03
90.04	09004 AMB SVC-PSYCH ADULT	1,966,773	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	90.05
90.06	09006 OUTPATIENT SURGERY	4,357,118	90.06
90.07	09007 AMB SVC-RILEY CLINICS	6,169,843	90.07
90.08	09008 MOTILITY LAB	339,528	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	90.09
90.10	09010 CLINICAL GERIATRICS	612	90.10
90.11	09023 SLEEP LAB	5,672,765	90.11
90.12	09024 OP CARE ADULTS	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	90.13
90.14	09012 INFUSION CLINIC	650,034	90.14
90.15	09013 NEUROLOGY UH	0	90.15
90.16	09014 ORTHOPEDICS UH	0	90.16
90.17	09015 PHYSICAL MEDICINE	1,849,664	90.17
90.18	09016 DERMATOLOGY CLINIC	1,835,393	90.18
90.19	09017 INFUSION/HEM/ONC	80,790	90.19
90.20	09025 IUMG - MH	171,521	90.20
90.21	09019 OP REHAB CLINIC	70,138	90.21
90.22	09020 EATING DISORDERS CLINIC	2,373,127	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2,987,507	90.23
90.24	09021 LIFE CARE CLINIC	2,754,102	90.24
91.00	09100 EMERGENCY	60,365,139	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	47,749,477	95.00
101.00	10100 HOME HEALTH AGENCY	95,778,544	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	19,581,173	105.00
106.00	10600 HEART ACQUISITION	3,522,410	106.00
107.00	10700 LIVER ACQUISITION	11,657,334	107.00
108.00	10800 LUNG ACQUISITION	4,540,750	108.00
109.00	10900 PANCREAS ACQUISITION	1,639,149	109.00
110.00	11000 INTESTINAL ACQUISITION	662,168	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	479,736	112.00
112.01	08601 POST TRANSPLANT EXPENSES	6,861,535	112.01
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	16,858,828	116.00
118.00			118.00
SUBTOTALS (SUM OF LINES 1 through 117)		2,173,057,624	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,207,225	190.00
191.00	19100 RESEARCH	4,401,279	191.00
191.01	19101 RESEARCH-GCRC	479,003	191.01
191.02	19102 OSA	5,189,857	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,952,662	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	15,174,439	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	21,787	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	27,960,995	192.03
192.04	19204 MHH RADIOLOGY	0	192.04
192.06	19206 BELTWAY SURGERY	0	192.06

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part 1 Date/Time Prepared: 6/29/2021 2:46 pm
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Cost Center Description			Total	
			26.00	
192.07	19207	RHI	432,151	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	192.09
192.10	19212	CARDIO PHYSICIANS	573,879	192.10
192.11	19211	UNUSED SPACE	0	192.11
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,230,450,901	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
			0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>							
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	29,712	1,320	31,032	31,032
5.01	00540	NONPATIENT TELEPHONES	0	0	789	789	0
5.02	00550	DATA PROCESSING	0	40,822	10,572	51,394	0
5.03	00590	PURCHASING, RECEIVING & STORES	0	27,177	3,523	30,700	0
5.04	00570	ADMINISTRATIVE	0	40,086	5,322	45,408	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	2,776,114	2,316,059	5,092,173	961
6.00	00600	MAINTENANCE & REPAIRS	0	793,575	566,501	1,360,076	226
7.00	00700	OPERATION OF PLANT	0	1,888,511	603,316	2,491,827	302
8.00	00800	LAUNDRY & LINEN SERVICE	0	429,233	0	429,233	0
9.00	00900	HOUSEKEEPING	0	0	0	0	0
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	0
9.04	00904	HOUSEKEEPING - SAXONY	0	20,748	5,198	25,946	21
9.05	00905	HOUSEKEEPING - MORGAN	0	19,600	1,827	21,427	19
10.00	01000	DIETARY	0	508,556	411,223	919,779	459
11.00	01100	CAFETERIA	0	74,691	0	74,691	0
13.00	01300	NURSING ADMINISTRATION	0	592,884	2,888,318	3,481,202	1,061
13.01	01851	PARAMEDICAL ADMINISTRATION	0	119,471	5,217	124,688	8
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,011,181	1,499,995	2,511,176	400
15.00	01500	PHARMACY	0	709,546	676,219	1,385,765	1,502
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,210	0	2,210	5
17.00	01700	SOCIAL SERVICE	0	63,980	0	63,980	256
18.00	01850	PATIENT TRANSPORTATION	0	38,051	29,825	67,876	91
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	41,496	0	41,496	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	289,439	0	289,439	3
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0
23.01	02301	PARAMEDICAL HEALTH SCIENCES	0	0	0	0	0
23.02	02302	PARAMEDICAL RADIOLOGY-METHODIST	0	0	0	0	0
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	0
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	0
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	0	53,656	0	53,656	17
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	0
23.07	02307	PARAMEDICAL PHARMACY	0	57,226	0	57,226	72
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	0
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	0	20,012	0	20,012	14
23.10	02310	PARAMEDICAL PHARMACY TECH	0	31,135	0	31,135	12
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	8,606,719	4,104,494	12,711,213	5,316
31.00	03100	INTENSIVE CARE UNIT	0	497,819	404,559	902,378	683
32.00	03200	CORONARY CARE UNIT	0	581,961	1,171,087	1,753,048	743
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	861,874	1,326,302	2,188,176	883
33.00	03300	BURN INTENSIVE CARE UNIT	0	184,112	199,465	383,577	84
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03401	UH SURG 61C	0	339,973	116,271	456,244	143
34.03	03402	UH NS 31C	0	0	0	0	0
34.04	03403	RHPEDIC	0	584,083	610,565	1,194,648	389
34.05	03404	TRANSPLANT ICU	0	205,734	60,360	266,094	81
34.06	03407	PEDS CANCER CARE	0	466,822	288,167	754,989	88
40.00	04000	SUBPROVIDER - IPF	0	442,241	44,988	487,229	140
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	0	3,408	2,437	5,845	58
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	3,302,060	18,808,982	22,111,042	1,778
50.01	05001	ENDOSCOPY	0	90,571	183,807	274,378	68
51.00	05100	RECOVERY ROOM	0	844,771	419,680	1,264,451	343
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	548,204	546,270	1,094,474	317
53.00	05300	ANESTHESIOLOGY	0	138,908	803,131	942,039	54
53.01	05301	PULMONARY FUNCTION TESTING	0	248,442	267,435	515,877	151
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,306,254	14,051,787	17,358,041	1,467
55.00	05500	RADIOLOGY-THERAPEUTIC	0	636,940	2,888,917	3,525,857	227
56.00	05600	RADIOISOTOPE	0	256,681	953,428	1,210,109	49
59.00	05900	CARDIAC CATHETERIZATION	0	148,895	225,754	374,649	55
60.00	06000	LABORATORY	0	2,778,661	5,130,910	7,909,571	2,359
60.01	06001	TRANSPLANT IMMUNOLOGY	0	52,844	151,759	204,603	47

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	106,637	82,584	189,221	143	63.00
65.00	06500	RESPIRATORY THERAPY	0	352,270	1,169,355	1,521,625	982	65.00
66.00	06600	PHYSICAL THERAPY	0	660,909	320,553	981,462	878	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	77,600	496	78,096	195	67.00
68.00	06800	SPEECH PATHOLOGY	0	308,676	280,218	588,894	228	68.00
69.00	06900	ELECTROCARDIOLOGY	0	144,026	1,719,219	1,863,245	127	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	724,152	789,576	1,513,728	241	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	156,660	74,391	231,051	402	73.03
74.00	07400	RENAL DIALYSIS	0	435,850	319,728	755,578	172	74.00
76.00	03020	RH NBN ECMO IC	0	1,810	70,319	72,129	52	76.00
76.01	03140	CARDIOLOGY	0	104,016	1,017,888	1,121,904	49	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	29,647	29,647	54	76.02
76.03	03950	CARDIAC CATH	0	827,194	1,786,365	2,613,559	247	76.03
76.04	03951	DAY SURGERY	0	348,937	45,324	394,261	161	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	5,118	124,519	129,637	105	76.08
76.97	07697	CARDIAC REHABILITATION	0	99,097	47,965	147,062	22	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	599	0	599	37	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	242,000	39,612	281,612	34	90.01
90.02	09002	IUSCC HEM/ONC	0	1,667,584	699,762	2,367,346	729	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	0	180,788	180,788	28	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	168,470	220	168,690	40	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	175,011	169,237	344,248	97	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	527,731	342,471	870,202	277	90.07
90.08	09008	MOTILITY LAB	0	2,971	49,525	52,496	7	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	71,208	168,006	239,214	176	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	INFUSION CLINIC	0	0	9,299	9,299	12	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	157,909	4,103	162,012	39	90.17
90.18	09016	DERMATOLOGY CLINIC	0	102,692	24,245	126,937	40	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	4,547	4,547	0	90.19
90.20	09025	IUMG - MH	0	48,662	0	48,662	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	3,388	3,388	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	10,553	10,553	55	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	225,659	16,572	242,231	61	90.23
90.24	09021	LIFE CARE CLINIC	0	100,857	0	100,857	66	90.24
91.00	09100	EMERGENCY	0	1,781,449	894,903	2,676,352	1,110	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	6,003,372	6,003,372	795	95.00
101.00	10100	HOME HEALTH AGENCY	0	284,483	314,495	598,978	1,053	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	128,521	41,039	169,560	166	105.00
106.00	10600	HEART ACQUISITION	0	10,724	3,425	14,149	30	106.00
107.00	10700	LIVER ACQUISITION	0	46,165	14,742	60,907	47	107.00
108.00	10800	LUNG ACQUISITION	0	8,864	2,829	11,693	21	108.00
109.00	10900	PANCREAS ACQUISITION	0	7,890	2,517	10,407	9	109.00
110.00	11000	INTESTINAL ACQUISITION	0	2,235	713	2,948	5	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	14	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	130,494	41,670	172,164	183	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	17,852	16,686	34,538	341	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	45,070,071	78,722,645	123,792,716	30,483	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 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		
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	141,792	23,293	165,085	6190.00
191.00 19100 RESEARCH	0	289,064	63,648	352,712	94191.00
191.01 19101 RESEARCH-GCRC	0	54,804	35,240	90,044	36191.01
191.02 19102 OSA	0	17,690	5,264	22,954	128191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	514,773	765	515,538	0192.00
192.01 19201 OTHER NONREIMBURSABLE-METHODIST	0	1,135,421	305,727	1,441,148	265192.01
192.02 19202 OTHER NONREIMBURSABLE - IUMC	0	0	496	496	0192.02
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	8,050,963	0	8,050,963	0192.03
192.04 19204 MHH RADIOLOGY	0	0	0	0	0192.04
192.06 19206 BELTWAY SURGERY	0	0	0	0	0192.06
192.07 19207 RHI	0	0	30,078	30,078	10192.07
192.08 19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0192.08
192.09 19209 ARTHRITIS CLINIC - NR	0	0	0	0	0192.09
192.10 19212 CARDIO PHYSICIANS	0	56,252	0	56,252	10192.10
192.11 19211 UNUSED SPACE	0	0	0	0	0192.11
200.00 Cross Foot Adjustments				0	200.00
201.00 Negative Cost Centers		0	0	0	0201.00
202.00 TOTAL (sum lines 118 through 201)	0	55,330,830	79,187,156	134,517,986	31,032202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	789				5.01
5.02	00550	DATA PROCESSING	0	51,394			5.02
5.03	00590	PURCHASING, RECEIVING & STORES	0	0	30,700		5.03
5.04	00570	ADMINISTRATIVE	0	0	0	45,408	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14	919	127	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	5	346	0	0	6.00
7.00	00700	OPERATION OF PLANT	10	647	4	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	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	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1	74	1	0	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1	74	2	0	9.05
10.00	01000	DIETARY	19	1,214	6	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	22	1,401	3	0	13.00
13.01	01851	PARAMEDICAL ADMINISTRATION	0	11	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	18	1,146	215	0	14.00
15.00	01500	PHARMACY	28	1,826	210	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11	0	0	16.00
17.00	01700	SOCIAL SERVICE	7	454	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	4	278	1	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6	0	0	22.00
23.00	02300	PARAMEDICAL PRGM	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	0	0	0	23.02
23.03	02303	PARAMEDICAL RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMEDICAL EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMEDICAL PASTORAL EDUCATION	1	40	0	0	23.05
23.06	02306	PARAMEDICAL LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMEDICAL PHARMACY	2	125	0	0	23.07
23.08	02308	PARAMEDICAL MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMEDICAL SURGERY TECHNOLOGY	0	23	0	0	23.09
23.10	02310	PARAMEDICAL PHARMACY TECH	0	17	0	0	23.10
23.11	02311	PARAMEDICAL NEUROPHYSIOLOGY	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	160	10,114	1,576	7,672	30.00
31.00	03100	INTENSIVE CARE UNIT	17	1,117	235	1,203	31.00
32.00	03200	CORONARY CARE UNIT	19	1,208	348	1,093	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	25	1,651	174	1,546	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2	136	22	91	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	4	238	69	205	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	10	675	110	518	34.04
34.05	03404	TRANSPLANT ICU	2	147	40	112	34.05
34.06	03407	PEDS CANCER CARE	2	159	19	124	34.06
40.00	04000	SUBPROVIDER - IPF	4	261	4	101	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	1	96	11	70	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	44	2,887	2,268	6,049	50.00
50.01	05001	ENDOSCOPY	2	102	75	207	50.01
51.00	05100	RECOVERY ROOM	9	590	62	396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8	493	54	423	52.00
53.00	05300	ANESTHESIOLOGY	2	108	267	498	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4	238	28	39	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	35	2,252	287	2,463	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5	295	13	121	55.00
56.00	05600	RADIOISOTOPE	1	68	10	52	56.00
59.00	05900	CARDIAC CATHETERIZATION	1	85	0	144	59.00
60.00	06000	LABORATORY	49	3,188	5,395	2,490	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1	74	192	24	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4	238	285	864	63.00
65.00	06500	RESPIRATORY THERAPY	24	1,582	469	1,484	65.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 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		
66.00	06600	PHYSICAL THERAPY	20	1,276	78	428	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4	289	13	158	0	67.00
68.00	06800	SPEECH PATHOLOGY	5	335	11	102	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3	210	9	446	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	357	33	369	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	6,601	1,836	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,959	3,878	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,740	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	9	573	1	0	0	73.03
74.00	07400	RENAL DIALYSIS	4	278	212	209	0	74.00
76.00	03020	RH NBN ECMO IC	1	62	22	52	0	76.00
76.01	03140	CARDIOLOGY	1	79	124	166	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1	96	7	0	0	76.02
76.03	03950	CARDIAC CATH	5	329	52	520	0	76.03
76.04	03951	DAY SURGERY	4	289	71	7	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	2	125	0	204	0	76.08
76.97	07697	CARDIAC REHABILITATION	1	34	1	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1	62	0	33	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	1	74	7	0	0	90.01
90.02	09002	IUSCC HEM/ONC	18	1,185	145	8	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1	57	2	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1	74	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2	153	2	123	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	7	437	32	3	0	90.07
90.08	09008	MOTILITY LAB	0	6	7	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	5	306	19	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	INFUSION CLINIC	0	23	2	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	91	2	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1	74	9	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	6	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	1	91	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2	130	1	0	0	90.23
90.24	09021	LIFE CARE CLINIC	2	147	0	0	0	90.24
91.00	09100	EMERGENCY	30	1,968	388	1,569	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	25	1,611	61	1	0	95.00
101.00	10100	HOME HEALTH AGENCY	26	1,702	92	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	3	227	49	300	0	105.00
106.00	10600	HEART ACQUISITION	1	34	0	32	0	106.00
107.00	10700	LIVER ACQUISITION	1	74	9	146	0	107.00
108.00	10800	LUNG ACQUISITION	0	28	0	58	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	11	1	24	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	11	1	7	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	17	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	4	267	32	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9	573	23	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	774	50,385	30,660	45,408	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	164	0	0	0	190.00
191.00	19100	RESEARCH	0	23	3	0	0	191.00
191.01	19101	RESEARCH-GCRC	2	113	8	0	0	191.01
191.02	19102	OSA	1	62	11	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	9	613	10	0	0	192.01



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 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	
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	0192.04
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	0192.06
192.07	19207 RHI	0	23	8	0	0	0192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	0192.09
192.10	19212 CARDIO PHYSICIANS	0	11	0	0	0	0192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	0192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0201.00
202.00	TOTAL (sum lines 118 through 201)	789	51,394	30,700	45,408	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
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To 12/31/2020

Worksheet B  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	5,094,194					5.06
6.00	00600	88,088	1,448,741				6.00
7.00	00700	131,917	52,998	2,677,705			7.00
8.00	00800	1,234	12,046	23,110	465,623		8.00
9.00	00900	0	0	0	0	0	9.00
9.01	00901	10,492	0	0	0	0	9.01
9.02	00902	9,277	0	0	0	0	9.02
9.03	00903	15,578	0	0	0	0	9.03
9.04	00904	2,234	582	1,117	9	0	9.04
9.05	00905	1,748	550	1,055	0	0	9.05
10.00	01000	46,946	14,272	27,380	0	0	10.00
11.00	01100	1,398	2,096	4,021	0	0	11.00
13.00	01300	101,377	16,638	31,921	0	0	13.00
13.01	01851	915	3,353	6,432	0	0	13.01
14.00	01400	288,468	28,377	54,442	1,071	0	14.00
15.00	01500	115,192	19,912	38,202	0	0	15.00
16.00	01600	42,405	62	119	0	0	16.00
17.00	01700	17,854	1,796	3,445	0	0	17.00
18.00	01850	9,416	1,068	2,049	0	0	18.00
21.00	02100	115,911	1,165	2,234	54	0	21.00
22.00	02200	116,146	8,123	15,583	441	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	1,341	1,506	2,889	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	5,372	1,606	3,081	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	915	562	1,077	0	0	23.09
23.10	02310	870	874	1,676	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	472,578	241,537	463,382	220,052	0	30.00
31.00	03100	54,940	13,971	26,802	20,136	0	31.00
32.00	03200	62,204	16,332	31,333	16,196	0	32.00
32.01	03201	74,011	24,187	46,403	8,992	0	32.01
33.00	03300	7,362	5,167	9,913	3,208	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	13,438	9,541	18,304	1,463	0	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	32,996	16,391	31,447	9,368	0	34.04
34.05	03404	7,331	5,774	11,077	1,464	0	34.05
34.06	03407	8,722	13,101	25,134	3,854	0	34.06
40.00	04000	11,475	12,411	23,810	2,190	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	4,450	96	183	4,414	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	209,610	92,668	177,782	51,261	0	50.00
50.01	05001	6,586	2,542	4,876	1,295	0	50.01
51.00	05100	31,844	23,707	45,482	3,277	0	51.00
52.00	05200	25,090	15,385	29,515	12,905	0	52.00
53.00	05300	14,338	3,898	7,479	0	0	53.00
53.01	05301	12,752	6,972	13,376	1,829	0	53.01
54.00	05400	165,581	92,786	178,007	30,182	0	54.00
55.00	05500	27,478	17,875	34,293	2,865	0	55.00
56.00	05600	7,666	7,203	13,820	886	0	56.00
59.00	05900	6,261	4,179	8,016	0	0	59.00
60.00	06000	110,100	77,979	149,602	434	0	60.00
60.01	06001	5,161	1,483	2,845	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	33,886	2,993	5,741	1	0	63.00
65.00	06500	77,155	9,886	18,966	59	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 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		
66.00	06600	PHYSICAL THERAPY	70,749	18,548	35,583	3,516	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,539	2,178	4,178	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	18,170	8,663	16,619	9	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,560	4,042	7,754	1,727	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,213	20,322	38,988	341	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	134,267	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	205,912	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	595,118	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	576,209	4,396	8,435	0	0	73.03
74.00	07400	RENAL DIALYSIS	15,581	12,232	23,466	2,760	0	74.00
76.00	03020	RH NBN ECMO IC	3,983	51	97	0	0	76.00
76.01	03140	CARDIOLOGY	7,523	2,919	5,600	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,013	0	0	439	0	76.02
76.03	03950	CARDIAC CATH	25,583	23,214	44,536	6,666	0	76.03
76.04	03951	DAY SURGERY	14,255	9,792	18,787	1,904	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	8,087	144	276	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	2,473	2,781	5,335	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	8,666	17	32	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	2,708	6,791	13,029	544	0	90.01
90.02	09002	IUSCC HEM/ONC	64,663	46,798	89,782	870	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	2,389	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	3,360	4,728	9,070	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	8,072	4,911	9,423	132	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	8,501	14,810	28,413	2,445	0	90.07
90.08	09008	MOTILITY LAB	625	83	160	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	0	0	0	0	90.10
90.11	09023	SLEEP LAB	11,667	1,998	3,834	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	INFUSION CLINIC	1,300	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	2,733	4,431	8,502	200	0	90.17
90.18	09016	DERMATOLOGY CLINIC	3,028	2,882	5,529	403	0	90.18
90.19	09017	INFUSION/HEM/ONC	169	0	0	0	0	90.19
90.20	09025	IUMG - MH	117	1,366	2,620	0	0	90.20
90.21	09019	OP REHAB CLINIC	119	0	0	182	0	90.21
90.22	09020	EATING DISORDERS CLINIC	5,118	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,667	6,333	12,149	56	0	90.23
90.24	09021	LIFE CARE CLINIC	5,293	2,830	5,430	0	0	90.24
91.00	09100	EMERGENCY	106,669	49,994	95,913	44,950	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	100,880	0	0	10	0	95.00
101.00	10100	HOME HEALTH AGENCY	203,403	7,984	15,316	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	41,068	3,607	6,920	0	0	105.00
106.00	10600	HEART ACQUISITION	7,567	301	577	0	0	106.00
107.00	10700	LIVER ACQUISITION	24,819	1,296	2,486	0	0	107.00
108.00	10800	LUNG ACQUISITION	9,778	249	477	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,505	221	425	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1,414	63	120	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	1,045	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	13,946	3,662	7,026	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	34,312	501	961	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,023,946	1,160,788	2,125,269	465,060	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,874	3,979	7,634	0	0	190.00
191.00	19100	RESEARCH	8,036	8,112	15,563	0	0	191.00
191.01	19101	RESEARCH-GCRC	598	1,538	2,951	421	0	191.01
191.02	19102	OSA	10,970	496	952	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,246	14,446	27,715	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	26,335	31,864	61,131	142	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 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	
192.02	19202 OTHER NONREIMBURSABLE - IUMC	47	0	0	0	0	0192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	19,322	225,939	433,461	0	0	0192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	0192.04
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	0192.06
192.07	19207 RHI	868	0	0	0	0	0192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	0192.09
192.10	19212 CARDIO PHYSICIANS	952	1,579	3,029	0	0	0192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	0192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0201.00
202.00	TOTAL (sum lines 118 through 201)	5,094,194	1,448,741	2,677,705	465,623	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

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To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	HOUSEKEEPING -	
		UNI VERSI TY	RILEY	METHODI ST	SAXONY	MORGAN	
		9.01	9.02	9.03	9.04	9.05	
<b>GENERAL SERVICE COST CENTERS</b>							
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	10,492					9.01
9.02	00902	0	9,277				9.02
9.03	00903	0	0	15,578			9.03
9.04	00904	0	0	0	29,985		9.04
9.05	00905	0	0	0	0	24,876	9.05
10.00	01000	147	10	229	442	0	10.00
11.00	01100	0	0	0	777	0	11.00
13.00	01300	61	189	249	0	216	13.00
13.01	01851	0	0	102	0	0	13.01
14.00	01400	204	311	227	1,006	796	14.00
15.00	01500	230	91	183	746	379	15.00
16.00	01600	2	0	0	0	0	16.00
17.00	01700	1	25	29	0	0	17.00
18.00	01850	11	0	20	0	0	18.00
21.00	02100	5	32	0	0	0	21.00
22.00	02200	50	12	182	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	0	7	39	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	0	49	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	0	17	0	0	23.09
23.10	02310	0	0	27	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,932	2,162	2,877	3,718	0	30.00
31.00	03100	0	0	426	0	0	31.00
32.00	03200	178	94	213	0	0	32.00
32.01	03201	56	586	111	0	0	32.01
33.00	03300	0	163	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	263	5	0	0	0	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	0	424	91	0	0	34.04
34.05	03404	162	0	0	0	0	34.05
34.06	03407	0	414	0	0	0	34.06
40.00	04000	4	120	258	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	3	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	901	572	1,022	2,477	1,668	50.00
50.01	05001	0	0	77	0	0	50.01
51.00	05100	90	266	124	2,983	0	51.00
52.00	05200	0	51	420	0	0	52.00
53.00	05300	13	89	19	0	0	53.00
53.01	05301	39	116	55	45	0	53.01
54.00	05400	787	586	1,213	1,404	1,921	54.00
55.00	05500	233	0	190	0	2,461	55.00
56.00	05600	83	23	96	122	0	56.00
59.00	05900	0	0	0	1,548	0	59.00
60.00	06000	224	141	204	1,063	909	60.00
60.01	06001	0	0	45	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	9	6	23	0	0	63.00
65.00	06500	49	74	159	76	269	65.00
66.00	06600	63	11	410	587	681	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			HOUSEKEEPING UNIVERSITY	HOUSEKEEPING RILEY	HOUSEKEEPING METHODIST	HOUSEKEEPING SAXONY	HOUSEKEEPING MORGAN	
			9.01	9.02	9.03	9.04	9.05	
67.00	06700	OCCUPATIONAL THERAPY	10	30	17	0	230	67.00
68.00	06800	SPEECH PATHOLOGY	48	138	75	0	81	68.00
69.00	06900	ELECTROCARDIOLOGY	0	22	76	0	632	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46	575	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	1	110	0	0	73.03
74.00	07400	RENAL DIALYSIS	300	0	47	0	0	74.00
76.00	03020	RH NBN ECMO IC	0	2	0	0	0	76.00
76.01	03140	CARDIOLOGY	8	83	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	3	42	664	0	0	76.03
76.04	03951	DAY SURGERY	267	0	8	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	4	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	653	748	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	191	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	1,078	78	181	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	144	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	118	0	21	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	468	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	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	7	430	451	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	INFUSION 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	124	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	81	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	42	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	134	49	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0	0	86	0	0	90.24
91.00	09100	EMERGENCY	60	454	704	1,655	4,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	4	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	60	7	38	0	0	105.00
106.00	10600	HEART ACQUISITION	5	1	3	0	0	106.00
107.00	10700	LIVER ACQUISITION	22	3	14	0	0	107.00
108.00	10800	LUNG ACQUISITION	4	0	3	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	2	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	1	0	1	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	61	7	39	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7	0	2	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,387	8,015	12,252	19,732	15,800	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22	101	0	0	0	190.00
191.00	19100	RESEARCH	5	0	242	0	0	191.00
191.01	19101	RESEARCH-GCRC	6	6	34	0	0	191.01
191.02	19102	OSA	0	13	2	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25	16	16	63	9,076	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	47	18	903	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	2,000	1,108	2,081	10,190	0	192.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part 11 Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description			HOUSEKEEPING UNIVERSITY	HOUSEKEEPING RILEY	HOUSEKEEPING METHODIST	HOUSEKEEPING SAXONY	HOUSEKEEPING MORGAN	
			9.01	9.02	9.03	9.04	9.05	
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0
192.07	19207	RHI	0	0	0	0	0	0
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	0	0	48	0	0	0
192.11	19211	UNUSED SPACE	0	0	0	0	0	0
200.00		Cross Foot Adjustments						
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	10,492	9,277	15,578	29,985	24,876	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	13.00	13.01	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,010,903					10.00
11.00	01100	0	82,983				11.00
13.00	01300	0	2,416	3,636,756			13.00
13.01	01851	0	20	0	135,529		13.01
14.00	01400	0	1,976	0	0	2,889,833	14.00
15.00	01500	0	3,150	0	0	19,985	15.00
16.00	01600	0	20	0	0	0	16.00
17.00	01700	0	782	0	0	8	17.00
18.00	01850	0	479	0	0	66	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	10	0	0	1	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	0	68	0	11,900	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	215	0	53,123	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	39	0	10,725	9	23.09
23.10	02310	0	29	0	8,648	23	23.10
23.11	02311	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	866,754	17,439	1,393,769	0	149,774	30.00
31.00	03100	24,735	1,927	174,100	0	22,295	31.00
32.00	03200	24,267	2,083	187,641	0	33,031	32.00
32.01	03201	6,949	2,846	256,314	0	16,519	32.01
33.00	03300	7,488	235	20,312	0	2,058	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	2,177	411	35,787	0	6,516	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	13,707	1,164	104,460	0	10,459	34.04
34.05	03404	2,118	254	23,213	0	3,846	34.05
34.06	03407	9,536	274	26,115	0	1,792	34.06
40.00	04000	27,556	450	22,246	0	401	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	166	13,541	0	1,008	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	4,979	255,347	0	215,495	50.00
50.01	05001	0	176	13,541	0	7,100	50.01
51.00	05100	1,076	1,017	85,116	0	5,865	51.00
52.00	05200	0	851	62,869	0	5,170	52.00
53.00	05300	0	186	12,574	0	25,330	53.00
53.01	05301	0	411	9,672	0	2,683	53.01
54.00	05400	0	3,883	70,607	21,536	27,257	54.00
55.00	05500	0	509	16,443	0	1,198	55.00
56.00	05600	0	117	0	0	926	56.00
59.00	05900	0	147	5,803	0	0	59.00
60.00	06000	0	5,497	6,771	9,582	512,536	60.00
60.01	06001	0	127	0	0	18,209	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	0	411	0	0	27,043	63.00
65.00	06500	0	2,729	0	20,015	44,555	65.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	13.00	13.01	14.00		
66.00	06600	PHYSICAL THERAPY	0	2,201	2,902	0	7,433	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	499	0	0	1,227	67.00
68.00	06800	SPEECH PATHOLOGY	0	577	6,771	0	1,039	68.00
69.00	06900	ELECTROCARDIOLOGY	0	362	2,902	0	815	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	616	967	0	3,165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	627,116	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	953,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	988	0	0	137	73.03
74.00	07400	RENAL DIALYSIS	0	479	35,787	0	20,186	74.00
76.00	03020	RH NBN ECMO IC	0	108	9,672	0	2,050	76.00
76.01	03140	CARDIOLOGY	0	137	6,771	0	11,787	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	166	10,639	0	682	76.02
76.03	03950	CARDIAC CATH	0	567	36,754	0	4,910	76.03
76.04	03951	DAY SURGERY	0	499	41,591	0	6,734	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	215	11,607	0	46	76.08
76.97	07697	CARDIAC REHABILITATION	0	59	2,902	0	65	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	108	967	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	127	12,574	0	675	90.01
90.02	09002	IUSCC HEM/ONC	0	2,044	110,263	0	13,736	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	98	1,934	0	200	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	127	967	0	11	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	264	11,607	0	220	90.06
90.07	09007	AMB SVC-RILEY CLINICS	718	753	56,099	0	3,021	90.07
90.08	09008	MOTILITY LAB	0	10	967	0	638	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	350	528	0	0	1,851	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	INFUSION CLINIC	0	39	1,934	0	193	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	156	15,476	0	175	90.17
90.18	09016	DERMATOLOGY CLINIC	0	127	10,639	0	825	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	38	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	10	967	0	8	90.21
90.22	09020	EATING DISORDERS CLINIC	0	156	967	0	34	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	225	22,246	0	97	90.23
90.24	09021	LIFE CARE CLINIC	0	254	5,803	0	22	90.24
91.00	09100	EMERGENCY	22,018	3,394	232,133	0	36,909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	2,778	43,525	0	5,798	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,934	55,132	0	8,759	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	391	8,705	0	4,671	105.00
106.00	10600	HEART ACQUISITION	0	59	967	0	26	106.00
107.00	10700	LIVER ACQUISITION	0	127	967	0	844	107.00
108.00	10800	LUNG ACQUISITION	0	49	967	0	31	108.00
109.00	10900	PANCREAS ACQUISITION	0	20	0	0	90	109.00
110.00	11000	INTESTINAL ACQUISITION	0	20	0	0	119	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	29	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	460	0	0	3,034	112.01
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	988	50,296	0	2,150	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,009,449	81,241	3,611,608	135,529	2,886,071	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	284	0	0	0	190.00
191.00	19100	RESEARCH	0	39	0	0	261	191.00
191.01	19101	RESEARCH-GCRC	1,454	196	0	0	753	191.01
191.02	19102	OSA	0	108	3,869	0	1,081	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,056	21,279	0	938	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	PARAMED ED ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	13.00	13.01	14.00	
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0		2192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0		0192.04
192.06	19206 BELTWAY SURGERY	0	0	0	0		0192.06
192.07	19207 RHI	0	39	0	0	718	192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0		0192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0		0192.09
192.10	19212 CARDIO PHYSICIANS	0	20	0	0		9192.10
192.11	19211 UNUSED SPACE	0	0	0	0		0192.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118 through 201)	1,010,903	82,983	3,636,756	135,529	2,889,833	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part II  
Date/Time Prepared:  
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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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	1,587,401					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	44,834				16.00
17.00 01700 SOCIAL SERVICE	9	0	88,646			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	81,359		18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	160,897	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	0	0	0	0	0	23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 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	5	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	5,664	4,721	62,328	8,499		30.00
31.00 03100 INTENSIVE CARE UNIT	680	668	5,418	1,203		31.00
32.00 03200 CORONARY CARE UNIT	1,979	607	4,985	1,093		32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	1,267	859	8,159	1,546		32.01
33.00 03300 BURN INTENSIVE CARE UNIT	68	51	516	91		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.02 03401 UH SURG 61C	245	114	942	205		34.02
34.03 03402 UH NS 31C	0	0	0	0		34.03
34.04 03403 RHPEDIC	855	288	2,432	518		34.04
34.05 03404 TRANSPLANT ICU	149	62	577	112		34.05
34.06 03407 PEDS CANCER CARE	219	69	938	124		34.06
40.00 04000 SUBPROVIDER - IPF	0	56	1,204	101		40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0		41.00
43.00 04300 NURSERY	0	39	1,147	70		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,052	5,211	0	9,379		50.00
50.01 05001 ENDOSCOPY	42	159	0	286		50.01
51.00 05100 RECOVERY ROOM	319	620	0	1,116		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	273	0	492		52.00
53.00 05300 ANESTHESIOLOGY	3,010	405	0	729		53.00
53.01 05301 PULMONARY FUNCTION TESTING	10	165	0	298		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,598	2,947	0	5,304		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	80	871	0	1,567		55.00
56.00 05600 RADIOISOTOPE	16	258	0	464		56.00
59.00 05900 CARDIAC CATHETERIZATION	35	223	0	402		59.00
60.00 06000 LABORATORY	337	2,570	0	4,627		60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	74	0	134		60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0		60.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00	21.00		
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	11	538	0	969			63.00
65.00 06500 RESPIRATORY THERAPY	846	840	0	1,512			65.00
66.00 06600 PHYSICAL THERAPY	35	394	0	709			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	104	0	187			67.00
68.00 06800 SPEECH PATHOLOGY	2	122	0	219			68.00
69.00 06900 ELECTROCARDIOLOGY	63	442	0	795			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	304	0	546			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,717	0	3,091			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,909	0	5,237			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,553,377	6,213	0	11,837			73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	1,404	0	2,527			73.03
74.00 07400 RENAL DIALYSIS	434	186	0	335			74.00
76.00 03020 RH NBN ECMO IC	24	29	0	52			76.00
76.01 03140 CARDIOLOGY	149	331	0	596			76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2	0	0	0			76.02
76.03 03950 CARDIAC CATH	219	750	0	1,350			76.03
76.04 03951 DAY SURGERY	54	120	0	215			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	113	0	204			76.08
76.97 07697 CARDIAC REHABILITATION	1	16	0	29			76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	19	0	33			77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0			89.00
90.00 09000 CLINIC	0	0	0	0			90.00
90.01 09001 AMB SVC-OB & GYN	3	21	0	38			90.01
90.02 09002 IUSCC HEM/ONC	2,691	605	0	1,089			90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	2	20	0	37			90.03
90.04 09004 AMB SVC-PSYCH ADULT	0	4	0	6			90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0			90.05
90.06 09006 OUTPATIENT SURGERY	3	130	0	234			90.06
90.07 09007 AMB SVC-RILEY CLINICS	351	110	0	199			90.07
90.08 09008 MOTILITY LAB	1	5	0	9			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	78	0	141			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 INFUSION CLINIC	106	29	0	52			90.14
90.15 09013 NEUROLOGY UH	0	0	0	0			90.15
90.16 09014 ORTHOPEDICS UH	0	0	0	0			90.16
90.17 09015 PHYSICAL MEDICINE	1	6	0	10			90.17
90.18 09016 DERMATOLOGY CLINIC	3	36	0	66			90.18
90.19 09017 INFUSION/HEM/ONC	27	0	0	1			90.19
90.20 09025 IUMG - MH	0	0	0	0			90.20
90.21 09019 OP REHAB CLINIC	0	3	0	6			90.21
90.22 09020 EATING DISORDERS CLINIC	0	16	0	28			90.22
90.23 09018 GASTROENTEROLOGY CLINIC	0	5	0	9			90.23
90.24 09021 LIFE CARE CLINIC	0	0	0	0			90.24
91.00 09100 EMERGENCY	1,471	2,985	0	5,373			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0			94.00
95.00 09500 AMBULANCE SERVICES	75	1,125	0	2,025			95.00
101.00 10100 HOME HEALTH AGENCY	788	1,267	0	2,281			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	12	166	0	300			105.00
106.00 10600 HEART ACQUISITION	0	18	0	32			106.00
107.00 10700 LIVER ACQUISITION	1,623	81	0	146			107.00
108.00 10800 LUNG ACQUISITION	0	32	0	58			108.00
109.00 10900 PANCREAS ACQUISITION	0	13	0	24			109.00
110.00 11000 INTESTINAL ACQUISITION	0	4	0	7			110.00
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0			112.00
112.01 08601 POST TRANSPLANT EXPENSES	0	0	0	0			112.01
113.00 11300 INTEREST EXPENSE	0	0	0	0			113.00
116.00 11600 HOSPICE	5,086	214	0	385			116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,587,099	44,834	88,646	81,359	0		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0			190.00
191.00 19100 RESEARCH	0	0	0	0			191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part 11  
Date/Time Prepared:  
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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	
191.01	19101	RESEARCH-GCRC	13	0	0	0	0	191.01
191.02	19102	OSA	248	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	40	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	1	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					160,897	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,587,401	44,834	88,646	81,359	160,897	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
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Worksheet B  
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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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	429,996				22.00
23.00 02300	PARAMED PRGM		0			23.00
23.01 02301	PARAMED HEALTH SCIENCES			0		23.01
23.02 02302	PARAMED RADIOLOGY-METHODIST				0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
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
41.00 04100	SUBPROVIDER - IRF					41.00
43.00 04300	NURSERY					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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Worksheet B  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	
	SERVICES-OTHER PRGM COSTS APPRV					
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	22.00	23.00	23.01	23.02	23.03	63.00
65.00 06500 RESPIRATORY THERAPY						65.00
66.00 06600 PHYSICAL THERAPY						66.00
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
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
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION						77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 INFUSION CLINIC						90.14
90.15 09013 NEUROLOGY UH						90.15
90.16 09014 ORTHOPEDICS UH						90.16
90.17 09015 PHYSICAL MEDICINE						90.17
90.18 09016 DERMATOLOGY CLINIC						90.18
90.19 09017 INFUSION/HEM/ONC						90.19
90.20 09025 IUMG - MH						90.20
90.21 09019 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
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS						94.00
95.00 09500 AMBULANCE SERVICES						95.00
101.00 10100 HOME HEALTH AGENCY						101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 EXP						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 through 117)	0	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00 19100 RESEARCH						191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
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Worksheet B  
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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	
191.01	19101	RESEARCH-GCRC					191.01
191.02	19102	OSA					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST					192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC					192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES					192.03
192.04	19204	MHH RADIOLOGY					192.04
192.06	19206	BELTWAY SURGERY					192.06
192.07	19207	RHI					192.07
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	429,996	0	0	0	0200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	429,996	0	0	0	0202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
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To 12/31/2020

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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	
<b>GENERAL SERVICE COST CENTERS</b>							
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					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	0				23.04
23.05	02312	PARAMED PASTORAL EDUCATION		71,464			23.05
23.06	02306	PARAMED LAB SCIENCE PRO			0		23.06
23.07	02307	PARAMED PHARMACY				120,871	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
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
41.00	04100	SUBPROVIDER - IRF					41.00
43.00	04300	NURSERY					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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From 01/01/2020  
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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	
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 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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	INFUSION CLINIC					90.14
90.15	09013	NEUROLOGY UH					90.15
90.16	09014	ORTHOPEDICS UH					90.16
90.17	09015	PHYSICAL MEDICINE					90.17
90.18	09016	DERMATOLOGY CLINIC					90.18
90.19	09017	INFUSION/HEM/ONC					90.19
90.20	09025	IUMG - MH					90.20
90.21	09019	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS					94.00
95.00	09500	AMBULANCE SERVICES					95.00
101.00	10100	HOME HEALTH AGENCY					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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 EXP					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 through 117)	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

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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	
192.02	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	0	71,464	0	120,871		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118 through 201)	0	71,464	0	120,871		0202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 6/29/2021 2:46 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
<b>GENERAL SERVICE COST CENTERS</b>					
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			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	33,393		23.09
23.10	02310	PARAMED PHARMACY TECH		43,316	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY			23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		16,653,237	0 30.00
31.00	03100	INTENSIVE CARE UNIT		1,252,934	0 31.00
32.00	03200	CORONARY CARE UNIT		2,138,695	0 32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		2,641,260	0 32.01
33.00	03300	BURN INTENSIVE CARE UNIT		440,544	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0 34.00
34.02	03401	UH SURG 61C		546,314	0 34.02
34.03	03402	UH NS 31C		0	0 34.03
34.04	03403	RH PEDIC		1,420,950	0 34.04
34.05	03404	TRANSPLANT ICU		322,615	0 34.05
34.06	03407	PEDS CANCER CARE		845,673	0 34.06
40.00	04000	SUBPROVIDER - IPF		590,021	0 40.00
41.00	04100	SUBPROVIDER - IRF		0	0 41.00
43.00	04300	NURSERY		31,198	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM		23,155,492	0 50.00
50.01	05001	ENDOSCOPY		311,512	0 50.01
51.00	05100	RECOVERY ROOM		1,468,753	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,248,790	0 52.00
53.00	05300	ANESTHESIOLOGY		1,011,038	0 53.00
53.01	05301	PULMONARY FUNCTION TESTING		564,760	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		17,970,144	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		3,632,581	0 55.00
56.00	05600	RADIOISOTOPE		1,241,969	0 56.00
59.00	05900	CARDIAC CATHETERIZATION		401,548	0 59.00
60.00	06000	LABORATORY		8,805,628	0 60.00
60.01	06001	TRANSPLANT IMMUNOLOGY		233,019	0 60.01
60.02	06002	BONE MARROW TRANSPLANT LAB		0	0 60.02

ALLOCATION OF CAPITAL RELATED COSTS

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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	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.				262,386		0 63.00
65.00	06500 RESPIRATORY THERAPY				1,703,356		0 65.00
66.00	06600 PHYSICAL THERAPY				1,127,964		0 66.00
67.00	06700 OCCUPATIONAL THERAPY				101,954		0 67.00
68.00	06800 SPEECH PATHOLOGY				642,108		0 68.00
69.00	06900 ELECTROCARDIOLOGY				1,899,232		0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY				1,602,816		0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT				774,628		0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS				1,181,241		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS				2,173,285		0 73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY				826,243		0 73.03
74.00	07400 RENAL DIALYSIS				868,246		0 74.00
76.00	03020 RH NBN ECMO IC				88,386		0 76.00
76.01	03140 CARDIOLOGY				1,158,227		0 76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				45,746		0 76.02
76.03	03950 CARDIAC CATH				2,759,970		0 76.03
76.04	03951 DAY SURGERY				489,019		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				150,769		0 76.08
76.97	07697 CARDIAC REHABILITATION				162,182		0 76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION				10,575		0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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				318,429		0 90.01
90.02	09002 IUSCC HEM/ONC				2,703,309		0 90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY				185,556		0 90.03
90.04	09004 AMB SVC-PSYCH ADULT				187,222		0 90.04
90.05	09005 AMB SVC-DIABETES ADULT				0		0 90.05
90.06	09006 OUTPATIENT SURGERY				379,760		0 90.06
90.07	09007 AMB SVC-RILEY CLINICS				986,846		0 90.07
90.08	09008 MOTILITY LAB				55,017		0 90.08
90.09	09009 AMB SVC - PSYCH CHILD				0		0 90.09
90.10	09010 CLINICAL GERIATRICS				1		0 90.10
90.11	09023 SLEEP LAB				261,055		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 INFUSION CLINIC				12,989		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				193,959		0 90.17
90.18	09016 DERMATOLOGY CLINIC				150,680		0 90.18
90.19	09017 INFUSION/HEM/ONC				4,782		0 90.19
90.20	09025 IUMG - MH				52,807		0 90.20
90.21	09019 OP REHAB CLINIC				4,690		0 90.21
90.22	09020 EATING DISORDERS CLINIC				17,019		0 90.22
90.23	09018 GASTROENTEROLOGY CLINIC				288,395		0 90.23
90.24	09021 LIFE CARE CLINIC				120,790		0 90.24
91.00	09100 EMERGENCY				3,290,457		0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS				0		0 94.00
95.00	09500 AMBULANCE SERVICES				6,162,081		0 95.00
101.00	10100 HOME HEALTH AGENCY				899,719		0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION				236,250		0 105.00
106.00	10600 HEART ACQUISITION				23,802		0 106.00
107.00	10700 LIVER ACQUISITION				93,612		0 107.00
108.00	10800 LUNG ACQUISITION				23,448		0 108.00
109.00	10900 PANCREAS ACQUISITION				14,756		0 109.00
110.00	11000 INTESTINAL ACQUISITION				4,721		0 110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP				1,105		0 112.00
112.01	08601 POST TRANSPLANT EXPENSES				200,885		0 112.01
113.00	11300 INTEREST EXPENSE						0 113.00
116.00	11600 HOSPICE				130,386		0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	121,961,536		0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				179,152		0 190.00
191.00	19100 RESEARCH				385,090		0 191.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part 11 Date/Time Prepared: 6/29/2021 2:46 pm		
Cost Center Description			PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOG Y	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
			23.09	23.10	23.11	24.00	25.00		
191.01	19101	RESEARCH-GCRC				98,173		0	191.01
191.02	19102	OSA				40,895		0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES				568,141		0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST				1,585,798		0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC				545		0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES				8,745,064		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				31,745		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				61,910		0	192.10
192.11	19211	UNUSED SPACE				0		0	192.11
200.00		Cross Foot Adjustments	33,393	43,316	0	859,937		0	200.00
201.00		Negative Cost Centers	0	0	0	0		0	201.00
202.00		TOTAL (sum lines 118 through 201)	33,393	43,316	0	134,517,986		0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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 ADMIN 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		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		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	16,653,237	30.00
31.00	03100 INTENSIVE CARE UNIT	1,252,934	31.00
32.00	03200 CORONARY CARE UNIT	2,138,695	32.00
32.01	03201 NEONATAL INTENSIVE CARE UNIT	2,641,260	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	440,544	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
34.02	03401 UH SURG 61C	546,314	34.02
34.03	03402 UH NS 31C	0	34.03
34.04	03403 RH PED IC	1,420,950	34.04
34.05	03404 TRANSPLANT ICU	322,615	34.05
34.06	03407 PEDS CANCER CARE	845,673	34.06
40.00	04000 SUBPROVIDER - IPF	590,021	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
43.00	04300 NURSERY	31,198	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	23,155,492	50.00
50.01	05001 ENDOSCOPY	311,512	50.01
51.00	05100 RECOVERY ROOM	1,468,753	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,248,790	52.00
53.00	05300 ANESTHESIOLOGY	1,011,038	53.00
53.01	05301 PULMONARY FUNCTION TESTING	564,760	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,970,144	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,632,581	55.00
56.00	05600 RADIOISOTOPE	1,241,969	56.00
59.00	05900 CARDIAC CATHETERIZATION	401,548	59.00
60.00	06000 LABORATORY	8,805,628	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	233,019	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	262,386	63.00
65.00	06500 RESPIRATORY THERAPY	1,703,356	65.00
66.00	06600 PHYSICAL THERAPY	1,127,964	66.00
67.00	06700 OCCUPATIONAL THERAPY	101,954	67.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 6/29/2021 2:46 pm
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Cost Center Description		Total	
		26.00	
68.00	06800 SPEECH PATHOLOGY	642,108	68.00
69.00	06900 ELECTROCARDIOLOGY	1,899,232	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,602,816	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	774,628	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,181,241	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,173,285	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	826,243	73.03
74.00	07400 RENAL DIALYSIS	868,246	74.00
76.00	03020 RH NBN ECMO IC	88,386	76.00
76.01	03140 CARDIOLOGY	1,158,227	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	45,746	76.02
76.03	03950 CARDIAC CATH	2,759,970	76.03
76.04	03951 DAY SURGERY	489,019	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	150,769	76.08
76.97	07697 CARDIAC REHABILITATION	162,182	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	10,575	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 AMB SVC-OB & GYN	318,429	90.01
90.02	09002 IUSCC HEM/ONC	2,703,309	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	185,556	90.03
90.04	09004 AMB SVC-PSYCH ADULT	187,222	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	90.05
90.06	09006 OUTPATIENT SURGERY	379,760	90.06
90.07	09007 AMB SVC-RILEY CLINICS	986,846	90.07
90.08	09008 MOTILITY LAB	55,017	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	90.09
90.10	09010 CLINICAL GERIATRICS	1	90.10
90.11	09023 SLEEP LAB	261,055	90.11
90.12	09024 OP CARE ADULTS	0	90.12
90.13	09011 PEDIATRIC CLINIC	0	90.13
90.14	09012 INFUSION CLINIC	12,989	90.14
90.15	09013 NEUROLOGY UH	0	90.15
90.16	09014 ORTHOPEDICS UH	0	90.16
90.17	09015 PHYSICAL MEDICINE	193,959	90.17
90.18	09016 DERMATOLOGY CLINIC	150,680	90.18
90.19	09017 INFUSION/HEM/ONC	4,782	90.19
90.20	09025 IUMG - MH	52,807	90.20
90.21	09019 OP REHAB CLINIC	4,690	90.21
90.22	09020 EATING DISORDERS CLINIC	17,019	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	288,395	90.23
90.24	09021 LIFE CARE CLINIC	120,790	90.24
91.00	09100 EMERGENCY	3,290,457	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	6,162,081	95.00
101.00	10100 HOME HEALTH AGENCY	899,719	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	236,250	105.00
106.00	10600 HEART ACQUISITION	23,802	106.00
107.00	10700 LIVER ACQUISITION	93,612	107.00
108.00	10800 LUNG ACQUISITION	23,448	108.00
109.00	10900 PANCREAS ACQUISITION	14,756	109.00
110.00	11000 INTESTINAL ACQUISITION	4,721	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	1,105	112.00
112.01	08601 POST TRANSPLANT EXPENSES	200,885	112.01
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	130,386	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	121,961,536	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	179,152	190.00
191.00	19100 RESEARCH	385,090	191.00
191.01	19101 RESEARCH-GCRC	98,173	191.01
191.02	19102 OSA	40,895	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	568,141	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	1,585,798	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	545	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	8,745,064	192.03
192.04	19204 MHH RADIOLOGY	0	192.04
192.06	19206 BELTWAY SURGERY	0	192.06



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part 11 Date/Time Prepared: 6/29/2021 2:46 pm
Cost Center Description			Total		
			26.00		
192.07	19207	RHI	31,745		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0		192.09
192.10	19212	CARDIO PHYSICIANS	61,910		192.10
192.11	19211	UNUSED SPACE	0		192.11
200.00		Cross Foot Adjustments	859,937		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118 through 201)	134,517,986		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1  
Date/Time Prepared:  
6/29/2021 2:46 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,432,184				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		62,950,610			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,380	1,049	651,424,820		4.00
5.01	00540	NONPATIENT TELEPHONES	0	627	0	9,061	5.01
5.02	00550	DATA PROCESSING	3,270	8,404	0	0	5.02
5.03	00590	PURCHASING, RECEIVING & STORES	2,177	2,801	284	0	5.03
5.04	00570	ADMINISTRATIVE	3,211	4,231	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	222,376	1,841,174	20,011,983	162	5.06
6.00	00600	MAINTENANCE & REPAIRS	63,568	450,346	4,718,188	61	6.00
7.00	00700	OPERATION OF PLANT	151,276	479,612	6,288,712	114	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34,383	0	0	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	0	0	0	0	9.03
9.04	00904	HOUSEKEEPING - SAXONY	1,662	4,132	436,021	13	9.04
9.05	00905	HOUSEKEEPING - MORGAN	1,570	1,452	399,714	13	9.05
10.00	01000	DIETARY	40,737	326,906	9,554,621	214	10.00
11.00	01100	CAFETERIA	5,983	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	47,492	2,296,097	22,105,581	247	13.00
13.01	01851	PARAMEDIC ADMINISTRATION	9,570	4,147	170,842	2	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	80,999	1,192,436	8,333,022	202	14.00
15.00	01500	PHARMACY	56,837	537,567	31,286,797	322	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	177	0	108,164	2	16.00
17.00	01700	SOCIAL SERVICE	5,125	0	5,324,849	80	17.00
18.00	01850	PATIENT TRANSPORTATION	3,048	23,710	1,905,326	49	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,324	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	23,185	0	53,986	1	22.00
23.00	02300	PARAMEDIC PRGM	0	0	0	0	23.00
23.01	02301	PARAMEDIC HEALTH SCIENCES	0	0	0	0	23.01
23.02	02302	PARAMEDIC RADIOLOGY-METHODIST	0	0	0	0	23.02
23.03	02303	PARAMEDIC RESPIRATORY THERAPY	0	0	0	0	23.03
23.04	02304	PARAMEDIC EMERGENCY	0	0	0	0	23.04
23.05	02312	PARAMEDIC PASTORAL EDUCATION	4,298	0	350,873	7	23.05
23.06	02306	PARAMEDIC LAB SCIENCE PRO	0	0	0	0	23.06
23.07	02307	PARAMEDIC PHARMACY	4,584	0	1,492,980	22	23.07
23.08	02308	PARAMEDIC MEDICAL ASSIST	0	0	0	0	23.08
23.09	02309	PARAMEDIC SURGERY TECHNOLOGY	1,603	0	290,721	4	23.09
23.10	02310	PARAMEDIC PHARMACY TECH	2,494	0	241,941	3	23.10
23.11	02311	PARAMEDIC NEUROPHYSIOLOGY	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	689,427	3,262,908	115,633,696	1,783	30.00
31.00	03100	INTENSIVE CARE UNIT	39,877	321,608	14,238,068	197	31.00
32.00	03200	CORONARY CARE UNIT	46,617	930,967	15,486,910	213	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	69,039	1,054,357	18,385,935	291	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	14,748	158,567	1,750,530	24	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	27,233	92,431	2,985,979	42	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	46,787	485,375	8,099,216	119	34.04
34.05	03404	TRANSPLANT ICU	16,480	47,984	1,693,074	26	34.05
34.06	03407	PEDS CANCER CARE	37,394	229,081	1,842,137	28	34.06
40.00	04000	SUBPROVIDER - IPF	35,425	35,764	2,920,870	46	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	273	1,937	1,202,282	17	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	264,506	14,952,381	37,047,270	509	50.00
50.01	05001	ENDOSCOPY	7,255	146,119	1,422,506	18	50.01
51.00	05100	RECOVERY ROOM	67,669	333,629	7,144,389	104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,913	434,263	6,603,543	87	52.00
53.00	05300	ANESTHESIOLOGY	11,127	638,457	1,130,450	19	53.00
53.01	05301	PULMONARY FUNCTION TESTING	19,901	212,600	3,139,494	42	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	264,842	11,170,608	30,569,719	397	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	51,021	2,296,573	4,725,337	52	55.00
56.00	05600	RADIOISOTOPE	20,561	757,937	1,021,412	12	56.00
59.00	05900	CARDIAC CATHETERIZATION	11,927	179,465	1,141,004	15	59.00
60.00	06000	LABORATORY	222,580	4,078,868	49,149,841	562	60.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (FTE'S)	DATA PROCESSING (FTE'S)	
			BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
60.01	06001	TRANSPLANT IMMUNOLOGY	4,233	120,642	979,807	13	13	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,542	65,651	2,973,215	42	42	63.00
65.00	06500	RESPIRATORY THERAPY	28,218	929,590	20,468,249	279	279	65.00
66.00	06600	PHYSICAL THERAPY	52,941	254,827	18,294,129	225	225	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,216	394	4,055,951	51	51	67.00
68.00	06800	SPEECH PATHOLOGY	24,726	222,762	4,745,521	59	59	68.00
69.00	06900	ELECTROCARDIOLOGY	11,537	1,366,710	2,655,315	37	37	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	58,007	627,681	5,013,294	63	63	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	12,549	59,138	8,381,103	101	101	73.03
74.00	07400	RENAL DIALYSIS	34,913	254,171	3,590,846	49	49	74.00
76.00	03020	RH NBN ECMO IC	145	55,901	1,093,565	11	11	76.00
76.01	03140	CARDIOLOGY	8,332	809,180	1,024,409	14	14	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	23,568	1,129,694	17	17	76.02
76.03	03950	CARDIAC CATH	66,261	1,420,089	5,137,910	58	58	76.03
76.04	03951	DAY SURGERY	27,951	36,031	3,354,366	51	51	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	410	98,988	2,185,330	22	22	76.08
76.97	07697	CARDIAC REHABILITATION	7,938	38,130	457,990	6	6	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	48	0	777,207	11	11	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	19,385	31,490	702,549	13	13	90.01
90.02	09002	IUSCC HEM/ONC	133,579	556,283	15,196,192	209	209	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	143,719	579,340	10	10	90.03
90.04	09004	AMB SVC-PSYCH ADULT	13,495	175	826,320	13	13	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	14,019	134,537	2,015,889	27	27	90.06
90.07	09007	AMB SVC-RILEY CLINICS	42,273	272,251	5,770,838	77	77	90.07
90.08	09008	MOTILITY LAB	238	39,370	150,050	1	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	5,704	133,558	3,671,857	54	54	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	INFUSION CLINIC	0	7,392	254,646	4	4	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	12,649	3,262	806,128	16	16	90.17
90.18	09016	DERMATOLOGY CLINIC	8,226	19,274	842,602	13	13	90.18
90.19	09017	INFUSION/HEM/ONC	0	3,615	5,199	0	0	90.19
90.20	09025	IUMG - MH	3,898	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	2,693	23,750	1	1	90.21
90.22	09020	EATING DISORDERS CLINIC	0	8,389	1,142,168	16	16	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	18,076	13,174	1,272,285	23	23	90.23
90.24	09021	LIFE CARE CLINIC	8,079	0	1,375,801	26	26	90.24
91.00	09100	EMERGENCY	142,700	711,412	23,115,896	347	347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,772,440	16,562,065	284	284	95.00
101.00	10100	HOME HEALTH AGENCY	22,788	250,011	21,933,655	300	300	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	10,295	32,624	3,448,543	40	40	105.00
106.00	10600	HEART ACQUISITION	859	2,723	623,818	6	6	106.00
107.00	10700	LIVER ACQUISITION	3,698	11,719	983,648	13	13	107.00
108.00	10800	LUNG ACQUISITION	710	2,249	431,739	5	5	108.00
109.00	10900	PANCREAS ACQUISITION	632	2,001	194,241	2	2	109.00
110.00	11000	INTESTINAL ACQUISITION	179	567	107,045	2	2	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	0	0	298,119	3	3	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,453	33,126	3,814,920	47	47	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,430	13,265	7,105,713	101	101	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		3,610,263	62,581,342	639,981,184	8,883	8,883	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,358	18,517	126,024	29	29	190.00
191.00	19100	RESEARCH	23,155	50,598	1,953,355	4	4	191.00
191.01	19101	RESEARCH-GCRC	4,390	28,014	746,991	20	20	191.01
191.02	19102	OSA	1,417	4,185	2,673,411	11	11	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,235	608	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	90,951	243,041	5,522,704	108	108	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	394	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	644,909	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	23,911	208,658	4	4	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	4,506	0	212,493	2	2	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)	55,330,830	79,187,156	144,770,119	38,990	87,385,676	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.483875	1.257925	0.222236	4.303057	9,644.153625	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			31,032	789	51,394	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000048	0.087076	5.672001	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	240,421,114				5.03
5.04	00570	ADMITTING	2,267	5,045,842,490			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	9,433,848,324		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	989,078	0	0	-215,628,729	2,122,139,316
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	36,703,277
7.00	00700	OPERATION OF PLANT	34,358	0	0	0	54,965,458
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	514,204
9.00	00900	HOUSEKEEPING	0	0	0	0	0
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	4,371,586
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	3,865,363
9.03	00903	HOUSEKEEPING - METHODIST	0	0	0	0	6,490,954
9.04	00904	HOUSEKEEPING - SAXONY	9,185	0	0	0	930,926
9.05	00905	HOUSEKEEPING - MORGAN	11,880	0	0	0	728,208
10.00	01000	DIETARY	43,816	0	0	0	19,560,632
11.00	01100	CAFETERIA	0	0	0	0	582,445
13.00	01300	NURSING ADMINISTRATION	22,780	0	0	0	42,240,548
13.01	01851	PARAMED ED ADMINISTRATION	210	0	0	0	381,105
14.00	01400	CENTRAL SERVICES & SUPPLY	1,679,540	0	0	0	120,195,189
15.00	01500	PHARMACY	1,643,393	0	0	0	47,996,557
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	17,668,681
17.00	01700	SOCIAL SERVICE	676	0	0	0	7,439,084
18.00	01850	PATIENT TRANSPORTATION	5,433	0	0	0	3,923,339
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	48,296,051
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	91	0	0	0	48,394,353
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	558,713
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0
23.07	02307	PARAMED PHARMACY	0	0	0	0	2,238,406
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0
23.09	02309	PARAMED SURGERY TECHNOLOGY	706	0	0	0	381,090
23.10	02310	PARAMED PHARMACY TECH	1,876	0	0	0	362,312
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	12,315,923	852,572,675	944,281,555	0	196,907,439
31.00	03100	INTENSIVE CARE UNIT	1,833,353	133,675,637	133,675,637	0	22,891,790
32.00	03200	CORONARY CARE UNIT	2,716,127	121,389,362	121,389,362	0	25,918,242
32.01	03201	NEONATAL INTENSIVE CARE UNIT	1,358,375	171,826,978	171,826,978	0	30,838,039
33.00	03300	BURN INTENSIVE CARE UNIT	169,245	10,134,358	10,134,358	0	3,067,358
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03401	UH SURG 61C	535,850	22,782,800	22,782,800	0	5,599,030
34.03	03402	UH NS 31C	0	0	0	0	0
34.04	03403	RH PEDIC	860,042	57,609,577	57,609,577	0	13,748,219
34.05	03404	TRANSPLANT ICU	316,260	12,498,088	12,498,088	0	3,054,684
34.06	03407	PEDS CANCER CARE	147,328	13,808,145	13,808,145	0	3,634,267
40.00	04000	SUBPROVIDER - IPF	32,959	11,241,500	11,241,500	0	4,781,449
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	82,912	7,805,872	7,805,872	0	1,854,291
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,720,168	672,135,349	1,042,110,163	0	87,337,496
50.01	05001	ENDOSCOPY	583,827	23,025,676	31,830,772	0	2,744,243
51.00	05100	RECOVERY ROOM	482,295	44,042,147	124,011,906	0	13,268,365
52.00	05200	DELIVERY ROOM & LABOR ROOM	425,126	46,977,719	54,676,551	0	10,454,135
53.00	05300	ANESTHESIOLOGY	2,082,855	55,321,404	81,021,710	0	5,974,086
53.01	05301	PULMONARY FUNCTION TESTING	220,644	4,299,122	33,096,245	0	5,313,364
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,241,332	273,628,006	589,300,702	0	68,992,140
55.00	05500	RADIOLOGY-THERAPEUTIC	98,484	13,420,212	174,115,481	0	11,449,038
56.00	05600	RADIOISOTOPE	76,160	5,757,489	51,521,535	0	3,194,109
59.00	05900	CARDIAC CATHETERIZATION	0	15,982,802	44,612,622	0	2,608,773
60.00	06000	LABORATORY	42,145,895	276,679,564	514,073,335	0	45,874,832
60.01	06001	TRANSPLANT IMMUNOLOGY	1,497,348	2,674,195	14,840,335	0	2,150,511
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
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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	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,223,741	96,036,079	107,666,370	0	14,119,314	63.00
65.00 06500 RESPIRATORY THERAPY	3,663,763	164,939,165	168,019,048	0	32,148,109	65.00
66.00 06600 PHYSICAL THERAPY	611,214	47,528,837	78,822,077	0	29,478,922	66.00
67.00 06700 OCCUPATIONAL THERAPY	100,885	17,542,915	20,734,695	0	6,057,900	67.00
68.00 06800 SPEECH PATHOLOGY	85,458	11,288,934	24,364,804	0	7,570,719	68.00
69.00 06900 ELECTROCARDIOLOGY	67,049	49,584,196	88,374,213	0	6,483,533	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	260,245	40,964,741	60,711,170	0	9,255,568	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	51,567,763	203,984,011	343,431,888	0	55,944,771	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	78,390,434	430,925,055	581,849,429	0	85,796,621	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	748,894,796	1,708,857,728	0	247,524,774	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	11,229	428	280,774,511	0	240,086,970	73.03
74.00 07400 RENAL DIALYSIS	1,659,874	23,249,406	37,216,503	0	6,491,927	74.00
76.00 03020 RH NBN ECMO IC	168,597	5,819,828	5,819,828	0	1,659,649	76.00
76.01 03140 CARDIOLOGY	969,261	18,492,255	66,223,413	0	3,134,531	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	56,044	0	1,376	0	1,672,006	76.02
76.03 03950 CARDIAC CATH	403,786	57,743,947	149,997,760	0	10,659,756	76.03
76.04 03951 DAY SURGERY	553,715	766,568	23,912,579	0	5,939,394	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	3,775	22,654,703	22,654,703	0	3,369,593	76.08
76.97 07697 CARDIAC REHABILITATION	5,336	0	3,212,309	0	1,030,522	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	3,713,276	3,713,276	0	3,610,825	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	55,518	40,701	4,175,184	0	1,128,209	90.01
90.02 09002 IUSCC HEM/ONC	1,129,489	904,022	120,972,095	0	26,942,764	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	16,481	6,871	4,074,202	0	995,426	90.03
90.04 09004 AMB SVC-PSYCH ADULT	879	1,128	719,937	0	1,399,954	90.04
90.05 09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SURGERY	18,088	13,613,190	26,009,661	0	3,363,491	90.06
90.07 09007 AMB SVC-RILEY CLINICS	248,419	387,311	22,082,225	0	3,542,110	90.07
90.08 09008 MOTILITY LAB	52,491	19,532	1,053,965	0	260,473	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	556	90.10
90.11 09023 SLEEP LAB	152,230	6,669	15,696,480	0	4,861,250	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 INFUSION CLINIC	15,896	147	5,742,426	0	541,605	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	14,359	5,200	1,142,287	0	1,138,763	90.17
90.18 09016 DERMATOLOGY CLINIC	67,804	2,029	7,299,012	0	1,261,580	90.18
90.19 09017 INFUSION/HEM/ONC	3,138	90	92,548	0	70,593	90.19
90.20 09025 IUMG - MH	0	0	0	0	48,662	90.20
90.21 09019 OP REHAB CLINIC	655	1,298	672,077	0	49,600	90.21
90.22 09020 EATING DISORDERS CLINIC	2,801	1,782	3,164,882	0	2,132,524	90.22
90.23 09018 GASTROENTEROLOGY CLINIC	7,953	4,561	1,014,117	0	1,944,546	90.23
90.24 09021 LIFE CARE CLINIC	1,771	90	12,166	0	2,205,472	90.24
91.00 09100 EMERGENCY	3,034,997	174,293,532	597,020,714	0	44,445,213	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	476,765	116,124	224,948,716	0	42,033,367	95.00
101.00 10100 HOME HEALTH AGENCY	720,236	0	253,487,186	0	84,751,235	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	384,116	33,294,958	33,294,958	0	17,111,739	105.00
106.00 10600 HEART ACQUISITION	2,149	3,525,124	3,525,124	0	3,152,769	106.00
107.00 10700 LIVER ACQUISITION	69,365	16,258,391	16,258,391	0	10,341,198	107.00
108.00 10800 LUNG ACQUISITION	2,569	6,473,784	6,473,784	0	4,074,334	108.00
109.00 10900 PANCREAS ACQUISITION	7,437	2,661,886	2,661,886	0	1,460,602	109.00
110.00 11000 INTESTINAL ACQUISITION	9,804	806,253	806,253	0	589,131	110.00
112.00 08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0	435,223	112.00
112.01 08601 POST TRANSPLANT EXPENSES	249,512	0	0	0	5,810,989	112.01
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	176,807	0	42,825,139	0	14,296,549	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	240,111,695	5,045,842,490	9,433,848,324	-215,628,729	2,092,869,712	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	780,710	190.00
191.00 19100 RESEARCH	21,470	0	0	0	3,348,251	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 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	
191.01	19101 RESEARCH-GCRC	61,944	0	0	0	249,370	191.01
191.02	19102 OSA	88,872	0	0	0	4,570,663	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	519,006	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	77,168	0	0	0	10,972,807	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	199	0	0	0	19,675	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	8,050,963	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	59,022	0	0	0	361,506	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 RADIO PHYSICIANS	744	0	0	0	396,653	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)	8,092,280	17,313,087	53,328,105		215,628,729	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.033659	0.003431	0.005653		0.101609	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	30,700	45,408	0		5,094,194	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000128	0.000009	0.000000		0.002400	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

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6/29/2021 2:46 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
<b>GENERAL SERVICE COST CENTERS</b>							
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	4,135,202					6.00
8.00	00800	151,276	3,983,926				7.00
9.00	00900	34,383	34,383	5,024,456			8.00
9.01	00901	0	0	0	3,949,543		9.00
9.02	00902	0	0	0	0	1,067,177	9.01
9.03	00903	0	0	0	0	0	9.02
9.04	00904	0	0	0	0	0	9.03
9.05	00905	1,662	1,662	98	1,662	0	9.04
10.00	01000	1,570	1,570	0	1,570	0	9.05
11.00	01100	40,737	40,737	0	40,737	14,970	10.00
13.00	01300	5,983	5,983	0	5,983	0	11.00
13.01	01851	47,492	47,492	0	47,492	6,255	13.00
14.00	01400	9,570	9,570	0	9,570	0	13.01
15.00	01500	80,999	80,999	11,552	80,999	20,780	14.00
16.00	01600	56,837	56,837	0	56,837	23,397	15.00
17.00	01700	177	177	0	177	177	16.00
18.00	01850	5,125	5,125	0	5,125	145	17.00
21.00	02100	3,048	3,048	0	3,048	1,136	18.00
22.00	02200	3,324	3,324	578	3,324	459	21.00
23.00	02300	23,185	23,185	4,759	23,185	5,086	22.00
23.01	02301	0	0	0	0	0	23.00
23.02	02302	0	0	0	0	0	23.01
23.03	02303	0	0	0	0	0	23.02
23.04	02304	0	0	0	0	0	23.03
23.05	02312	4,298	4,298	0	4,298	0	23.04
23.06	02306	0	0	0	0	0	23.05
23.07	02307	4,584	4,584	0	4,584	0	23.06
23.08	02308	0	0	0	0	0	23.07
23.09	02309	1,603	1,603	0	1,603	0	23.08
23.10	02310	2,494	2,494	0	2,494	0	23.09
23.11	02311	0	0	0	0	0	23.10
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	689,427	689,427	2,374,562	689,427	196,472	30.00
31.00	03100	39,877	39,877	217,280	39,877	0	31.00
32.00	03200	46,617	46,617	174,774	46,617	18,142	32.00
32.01	03201	69,039	69,039	97,030	69,039	5,733	32.01
33.00	03300	14,748	14,748	34,618	14,748	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	27,233	27,233	15,782	27,233	26,753	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	46,787	46,787	101,085	46,787	0	34.04
34.05	03404	16,480	16,480	15,801	16,480	16,480	34.05
34.06	03407	37,394	37,394	41,587	37,394	0	34.06
40.00	04000	35,425	35,425	23,634	35,425	422	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	273	273	47,629	273	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	264,506	264,506	553,145	264,506	91,596	50.00
50.01	05001	7,255	7,255	13,977	7,255	0	50.01
51.00	05100	67,669	67,669	35,361	67,669	9,103	51.00
52.00	05200	43,913	43,913	139,261	43,913	0	52.00
53.00	05300	11,127	11,127	0	11,127	1,295	53.00
53.01	05301	19,901	19,901	19,740	19,901	3,939	53.01
54.00	05400	264,842	264,842	325,687	264,842	80,086	54.00
55.00	05500	51,021	51,021	30,913	51,021	23,681	55.00
56.00	05600	20,561	20,561	9,556	20,561	8,489	56.00
59.00	05900	11,927	11,927	0	11,927	0	59.00
60.00	06000	222,580	222,580	4,684	222,580	22,822	60.00
60.01	06001	4,233	4,233	0	4,233	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	8,542	8,542	8	8,542	874	63.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.00	7.00	8.00	9.00	9.01	
65.00	06500 RESPIRATORY THERAPY	28,218	28,218	638	28,218	5,019	65.00
66.00	06600 PHYSICAL THERAPY	52,941	52,941	37,938	52,941	6,424	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,216	6,216	0	6,216	1,031	67.00
68.00	06800 SPEECH PATHOLOGY	24,726	24,726	99	24,726	4,868	68.00
69.00	06900 ELECTROCARDIOLOGY	11,537	11,537	18,634	11,537	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	58,007	58,007	3,678	58,007	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	12,549	12,549	0	12,549	0	73.03
74.00	07400 RENAL DIALYSIS	34,913	34,913	29,786	34,913	30,504	74.00
76.00	03020 RH NBN ECMO IC	145	145	0	145	0	76.00
76.01	03140 CARDIOLOGY	8,332	8,332	0	8,332	844	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	4,738	0	0	76.02
76.03	03950 CARDIAC CATH	66,261	66,261	71,936	66,261	339	76.03
76.04	03951 DAY SURGERY	27,951	27,951	20,543	27,951	27,176	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	410	410	0	410	0	76.08
76.97	07697 CARDIAC REHABILITATION	7,938	7,938	0	7,938	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	48	48	0	48	0	77.00
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	19,385	19,385	5,872	19,385	19,385	90.01
90.02	09002 IUSCC HEM/ONC	133,579	133,579	9,384	133,579	109,649	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	13,495	13,495	0	13,495	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	14,019	14,019	1,425	14,019	12,006	90.06
90.07	09007 AMB SVC-RILEY CLINICS	42,273	42,273	26,379	42,273	0	90.07
90.08	09008 MOTILITY LAB	238	238	0	238	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	5,704	5,704	0	5,704	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 INFUSION 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	12,649	12,649	2,159	12,649	12,649	90.17
90.18	09016 DERMATOLOGY CLINIC	8,226	8,226	4,349	8,226	8,226	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025 IUMG - MH	3,898	3,898	0	3,898	0	90.20
90.21	09019 OP REHAB CLINIC	0	0	1,964	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	18,076	18,076	603	18,076	13,620	90.23
90.24	09021 LIFE CARE CLINIC	8,079	8,079	0	8,079	0	90.24
91.00	09100 EMERGENCY	142,700	142,700	485,047	142,700	6,144	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	106	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	22,788	22,788	0	22,788	359	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	10,295	10,295	0	10,295	6,091	105.00
106.00	10600 HEART ACQUISITION	859	859	0	859	508	106.00
107.00	10700 LIVER ACQUISITION	3,698	3,698	0	3,698	2,188	107.00
108.00	10800 LUNG ACQUISITION	710	710	0	710	420	108.00
109.00	10900 PANCREAS ACQUISITION	632	632	0	632	374	109.00
110.00	11000 INTESTINAL ACQUISITION	179	179	0	179	106	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601 POST TRANSPLANT EXPENSES	10,453	10,453	0	10,453	6,185	112.01
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,430	1,430	0	1,430	674	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,313,281	3,162,005	5,018,379	3,127,622	853,081	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,358	11,358	0	11,358	2,200	190.00
191.00	19100 RESEARCH	23,155	23,155	0	23,155	492	191.00
191.01	19101 RESEARCH-GCRC	4,390	4,390	4,547	4,390	589	191.01
191.02	19102 OSA	1,417	1,417	0	1,417	0	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)		
		6.00	7.00	8.00	9.00	9.01		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,235	41,235	0	41,235	2,526	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	90,951	90,951	1,530	90,951	4,758	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	644,909	644,909	0	644,909	203,531	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	4,506	4,506	0	4,506	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)	40,432,660	62,029,571	1,437,980	0	4,815,778	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.777675	15.569961	0.286196	0.000000	4.512633	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,448,741	2,677,705	465,623	0	10,492	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.350343	0.672127	0.092671	0.000000	0.009832	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		HOUSEKEEPING	HOUSEKEEPING	HOUSEKEEPING	HOUSEKEEPING	DIETARY	
		RILEY (RILEY SQUARE FEET)	METHODIST (MH SQUARE FEET)	SAXONY (SAXONY SQUARE FEET)	MORGAN (MORGAN SQUARE FEET)	(MEALS SERVED)	
		9.02	9.03	9.04	9.05	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	837,638					9.02
9.03	00903	0	1,458,569				9.03
9.04	00904	0	0	231,035			9.04
9.05	00905	0	0	0	96,616		9.05
10.00	01000	927	21,438	3,402	0	601,280	10.00
11.00	01100	0	0	5,983	0	0	11.00
13.00	01300	17,078	23,321	0	838	0	13.00
13.01	01851	0	9,570	0	0	0	13.01
14.00	01400	28,077	21,301	7,749	3,092	0	14.00
15.00	01500	8,245	17,132	5,750	1,473	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	2,226	2,754	0	0	0	17.00
18.00	01850	0	1,911	0	0	0	18.00
21.00	02100	2,865	0	0	0	0	21.00
22.00	02200	1,067	17,032	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	630	3,667	0	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	0	4,584	0	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	0	1,603	0	0	0	23.09
23.10	02310	0	2,494	0	0	0	23.10
23.11	02311	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	195,415	268,892	28,647	0	515,541	30.00
31.00	03100	0	39,877	0	0	14,712	31.00
32.00	03200	8,522	19,953	0	0	14,434	32.00
32.01	03201	52,893	10,413	0	0	4,133	32.01
33.00	03300	14,748	0	0	0	4,454	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	480	0	0	0	1,295	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	38,257	8,529	0	0	8,153	34.04
34.05	03404	0	0	0	0	1,260	34.05
34.06	03407	37,394	0	0	0	5,672	34.06
40.00	04000	10,811	24,192	0	0	16,390	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	273	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	51,613	95,737	19,083	6,477	0	50.00
50.01	05001	0	7,255	0	0	0	50.01
51.00	05100	23,985	11,594	22,987	0	640	51.00
52.00	05200	4,572	39,341	0	0	0	52.00
53.00	05300	8,021	1,811	0	0	0	53.00
53.01	05301	10,453	5,162	347	0	0	53.01
54.00	05400	52,910	113,567	10,818	7,461	0	54.00
55.00	05500	0	17,781	0	9,559	0	55.00
56.00	05600	2,120	9,013	940	0	0	56.00
59.00	05900	0	0	11,927	0	0	59.00
60.00	06000	12,702	19,120	8,194	3,530	0	60.00
60.01	06001	0	4,233	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	507	2,112	0	0	0	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 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	
65.00	06500 RESPIRATORY THERAPY	6,709	14,861	585	1,044	0	65.00
66.00	06600 PHYSICAL THERAPY	954	38,396	4,523	2,644	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,688	1,604	0	893	0	67.00
68.00	06800 SPEECH PATHOLOGY	12,480	7,066	0	313	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,997	7,088	0	2,453	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,141	53,866	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	84	10,307	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0	4,408	0	0	0	74.00
76.00	03020 RH NBN ECMO IC	145	0	0	0	0	76.00
76.01	03140 CARDIOLOGY	7,488	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	3,789	62,133	0	0	0	76.03
76.04	03951 DAY SURGERY	0	775	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	410	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0	0	5,034	2,905	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	48	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	7,016	16,914	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	13,495	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	2,013	0	0	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	42,273	0	0	0	427	90.07
90.08	09008 MOTILITY LAB	238	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	637	3,315	1,752	208	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 INFUSION 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	3,898	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	4,456	0	0	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0	8,079	0	0	0	90.24
91.00	09100 EMERGENCY	40,976	65,906	12,748	16,926	13,096	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	634	3,570	0	0	0	105.00
106.00	10600 HEART ACQUISITION	53	298	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	228	1,282	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	44	246	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	39	219	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	11	62	0	0	0	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	0	0	0	0	0	112.00
112.01	08601 POST TRANSPLANT EXPENSES	644	3,625	0	0	0	112.01
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600 HOSPICE	0	144	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	723,653	1,146,964	152,032	61,360	600,415	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,158	0	0	0	0	190.00
191.00	19100 RESEARCH	0	22,662	0	0	0	191.00
191.01	19101 RESEARCH-GCRC	576	3,225	0	0	865	191.01
191.02	19102 OSA	1,185	232	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 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	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,453	1,514	487	35,256	0	192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	1,606	84,587	0	0	0	192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	100,007	194,879	78,516	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	4,506	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)	4,258,119	7,150,493	1,067,671	841,996	22,773,840	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.083484	4.902403	4.621252	8.714871	37.875599	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,277	15,578	29,985	24,876	1,010,903	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.011075	0.010680	0.129786	0.257473	1.681252	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	8,484					11.00
13.00	01300	247	3,760				13.00
13.01	01851	2	0	4,176,753			13.01
14.00	01400	202	0	0	237,628,000		14.00
15.00	01500	322	0	0	1,643,393	240,449,917	15.00
16.00	01600	2	0	0	0	0	16.00
17.00	01700	80	0	0	676	1,309	17.00
18.00	01850	49	0	0	5,433	0	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	1	0	0	91	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02312	7	0	366,751	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
23.07	02307	22	0	1,637,120	0	0	23.07
23.08	02308	0	0	0	0	0	23.08
23.09	02309	4	0	330,540	706	0	23.09
23.10	02310	3	0	266,506	1,876	753	23.10
23.11	02311	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,783	1,441	0	12,315,923	857,929	30.00
31.00	03100	197	180	0	1,833,353	102,984	31.00
32.00	03200	213	194	0	2,716,127	299,741	32.00
32.01	03201	291	265	0	1,358,375	191,898	32.01
33.00	03300	24	21	0	169,245	10,311	33.00
34.00	03400	0	0	0	0	0	34.00
34.02	03401	42	37	0	535,850	37,050	34.02
34.03	03402	0	0	0	0	0	34.03
34.04	03403	119	108	0	860,042	129,478	34.04
34.05	03404	26	24	0	316,260	22,640	34.05
34.06	03407	28	27	0	147,328	33,222	34.06
40.00	04000	46	23	0	32,959	56	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	17	14	0	82,912	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	509	264	0	17,720,168	462,280	50.00
50.01	05001	18	14	0	583,827	6,287	50.01
51.00	05100	104	88	0	482,295	48,323	51.00
52.00	05200	87	65	0	425,126	0	52.00
53.00	05300	19	13	0	2,082,855	455,880	53.00
53.01	05301	42	10	0	220,644	1,561	53.01
54.00	05400	397	73	663,707	2,241,332	241,981	54.00
55.00	05500	52	17	0	98,484	12,128	55.00
56.00	05600	12	0	0	76,160	2,463	56.00
59.00	05900	15	6	0	0	5,372	59.00
60.00	06000	562	7	295,302	42,145,895	51,046	60.00
60.01	06001	13	0	0	1,497,348	0	60.01
60.02	06002	0	0	0	0	0	60.02
63.00	06300	42	0	0	2,223,741	1,591	63.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
65.00	06500 RESPIRATORY THERAPY	279	0	616,827	3,663,763	128,166	65.00
66.00	06600 PHYSICAL THERAPY	225	3	0	611,214	5,327	66.00
67.00	06700 OCCUPATIONAL THERAPY	51	0	0	100,885	0	67.00
68.00	06800 SPEECH PATHOLOGY	59	7	0	85,458	301	68.00
69.00	06900 ELECTROCARDIOLOGY	37	3	0	67,049	9,594	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	63	1	0	260,245	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	51,567,763	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	78,390,434	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	235,296,581	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	101	0	0	11,229	0	73.03
74.00	07400 RENAL DIALYSIS	49	37	0	1,659,874	65,731	74.00
76.00	03020 RH NBN ECMO IC	11	10	0	168,597	3,607	76.00
76.01	03140 CARDIOLOGY	14	7	0	969,261	22,636	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	17	11	0	56,044	246	76.02
76.03	03950 CARDIAC CATH	58	38	0	403,786	33,170	76.03
76.04	03951 DAY SURGERY	51	43	0	553,715	8,141	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	22	12	0	3,775	0	76.08
76.97	07697 CARDIAC REHABILITATION	6	3	0	5,336	191	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	11	1	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	13	13	0	55,518	469	90.01
90.02	09002 IUSCC HEM/ONC	209	114	0	1,129,489	407,555	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	10	2	0	16,481	266	90.03
90.04	09004 AMB SVC-PSYCH ADULT	13	1	0	879	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	27	12	0	18,088	476	90.06
90.07	09007 AMB SVC-RILEY CLINICS	77	58	0	248,419	53,112	90.07
90.08	09008 MOTILITY LAB	1	1	0	52,491	76	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	54	0	0	152,230	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 INFUSION CLINIC	4	2	0	15,896	16,097	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	16	16	0	14,359	152	90.17
90.18	09016 DERMATOLOGY CLINIC	13	11	0	67,804	409	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0	3,138	4,151	90.19
90.20	09025 IUMG - MH	0	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	1	1	0	655	0	90.21
90.22	09020 EATING DISORDERS CLINIC	16	1	0	2,801	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	23	23	0	7,953	0	90.23
90.24	09021 LIFE CARE CLINIC	26	6	0	1,771	0	90.24
91.00	09100 EMERGENCY	347	240	0	3,034,997	222,784	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	284	45	0	476,765	11,409	95.00
101.00	10100 HOME HEALTH AGENCY	300	57	0	720,236	119,403	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	40	9	0	384,116	1,767	105.00
106.00	10600 HEART ACQUISITION	6	1	0	2,149	0	106.00
107.00	10700 LIVER ACQUISITION	13	1	0	69,365	245,840	107.00
108.00	10800 LUNG ACQUISITION	5	1	0	2,569	0	108.00
109.00	10900 PANCREAS ACQUISITION	2	0	0	7,437	0	109.00
110.00	11000 INTESTINAL ACQUISITION	2	0	0	9,804	0	110.00
112.00	08600 OTHER ORGAN ACQUISITION EXP	3	0	0	0	0	112.00
112.01	08601 POST TRANSPLANT EXPENSES	47	0	0	249,512	0	112.01
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	101	52	0	176,807	770,420	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,306	3,734	4,176,753	237,318,581	240,404,360	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29	0	0	0	0	190.00
191.00	19100 RESEARCH	4	0	0	21,470	0	191.00
191.01	19101 RESEARCH-GCRC	20	0	0	61,944	1,905	191.01
191.02	19102 OSA	11	4	0	88,872	37,536	191.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HR)	PARAMED ED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	
		11.00	13.00	13.01	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	108	22	0	77,168	6,021
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	199	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.04	19204	MHH RADIOLOGY	0	0	0	0	0
192.06	19206	BELTWAY SURGERY	0	0	0	0	0
192.07	19207	RHI	4	0	0	59,022	95
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0
192.09	19209	ARTHRTIS CLINIC - NR	0	0	0	0	0
192.10	19212	CARDIO PHYSICIANS	2	0	0	744	0
192.11	19211	UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	820,931	47,996,953	709,516	134,887,771	55,549,033
203.00		Unit cost multiplier (Wkst. B, Part I)	96.762258	12,765.147074	0.169873	0.567643	0.231021
204.00		Cost to be allocated (per Wkst. B, Part II)	82,983	3,636,756	135,529	2,889,833	1,587,401
205.00		Unit cost multiplier (Wkst. B, Part II)	9.781117	967.222340	0.032448	0.012161	0.006602
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	16.00	17.00	18.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	9,433,848,324					16.00
17.00 01700 SOCIAL SERVICE	0	316,261				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	9,433,848,324			18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	54,791		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	54,791	22.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
23.01 02301 PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02 02302 PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03 02303 PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04 02304 PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05 02312 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	0	0	0	0	0	23.10
23.11 02311 PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	944,281,555	222,367	944,281,555	19,759	19,759	30.00
31.00 03100 INTENSIVE CARE UNIT	133,675,637	19,329	133,675,637	2,319	2,319	31.00
32.00 03200 CORONARY CARE UNIT	121,389,362	17,786	121,389,362	115	115	32.00
32.01 03201 NEONATAL INTENSIVE CARE UNIT	171,826,978	29,108	171,826,978	932	932	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	10,134,358	1,841	10,134,358	12	12	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.02 03401 UH SURG 61C	22,782,800	3,362	22,782,800	109	109	34.02
34.03 03402 UH NS 31C	0	0	0	0	0	34.03
34.04 03403 RH PEDIC	57,609,577	8,677	57,609,577	757	757	34.04
34.05 03404 TRANSPLANT ICU	12,498,088	2,057	12,498,088	93	93	34.05
34.06 03407 PEDS CANCER CARE	13,808,145	3,348	13,808,145	0	0	34.06
40.00 04000 SUBPROVIDER - IPF	11,241,500	4,294	11,241,500	124	124	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	7,805,872	4,092	7,805,872	98	98	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,042,110,163	0	1,042,110,163	5,605	5,605	50.00
50.01 05001 ENDOSCOPY	31,830,772	0	31,830,772	0	0	50.01
51.00 05100 RECOVERY ROOM	124,011,906	0	124,011,906	225	225	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	54,676,551	0	54,676,551	61	61	52.00
53.00 05300 ANESTHESIOLOGY	81,021,710	0	81,021,710	4,669	4,669	53.00
53.01 05301 PULMONARY FUNCTION TESTING	33,096,245	0	33,096,245	80	80	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	589,300,702	0	589,300,702	3,612	3,612	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	174,115,481	0	174,115,481	52	52	55.00
56.00 05600 RADIOISOTOPE	51,521,535	0	51,521,535	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	44,612,622	0	44,612,622	101	101	59.00
60.00 06000 LABORATORY	514,073,335	0	514,073,335	2,138	2,138	60.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS		
						SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	18.00	21.00	22.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	14,840,335	0	14,840,335	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.	107,666,370	0	107,666,370	17	17	63.00
65.00	06500	RESPIRATORY THERAPY	168,019,048	0	168,019,048	33	33	65.00
66.00	06600	PHYSICAL THERAPY	78,822,077	0	78,822,077	36	36	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,734,695	0	20,734,695	25	25	67.00
68.00	06800	SPEECH PATHOLOGY	24,364,804	0	24,364,804	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	88,374,213	0	88,374,213	616	616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60,711,170	0	60,711,170	1,480	1,480	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	343,431,888	0	343,431,888	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	581,849,429	0	581,849,429	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,708,857,728	0	1,708,857,728	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	280,774,511	0	280,774,511	0	0	73.03
74.00	07400	RENAL DIALYSIS	37,216,503	0	37,216,503	204	204	74.00
76.00	03020	RH NBN ECMO IC	5,819,828	0	5,819,828	0	0	76.00
76.01	03140	CARDIOLOGY	66,223,413	0	66,223,413	832	832	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,376	0	1,376	0	0	76.02
76.03	03950	CARDIAC CATH	149,997,760	0	149,997,760	0	0	76.03
76.04	03951	DAY SURGERY	23,912,579	0	23,912,579	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	22,654,703	0	22,654,703	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	3,212,309	0	3,212,309	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,713,276	0	3,713,276	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	4,175,184	0	4,175,184	368	368	90.01
90.02	09002	IUSCC HEM/ONC	120,972,095	0	120,972,095	229	229	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	4,074,202	0	4,074,202	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	719,937	0	719,937	200	200	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	26,009,661	0	26,009,661	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	22,082,225	0	22,082,225	356	356	90.07
90.08	09008	MOTILITY LAB	1,053,965	0	1,053,965	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	15,696,480	0	15,696,480	17	17	90.11
90.12	09024	OP CARE ADULTS	0	0	0	247	247	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	5,742,426	0	5,742,426	144	144	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	1,142,287	0	1,142,287	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	7,299,012	0	7,299,012	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	92,548	0	92,548	799	799	90.19
90.20	09025	IUMG - MH	0	0	0	69	69	90.20
90.21	09019	OP REHAB CLINIC	672,077	0	672,077	109	109	90.21
90.22	09020	EATING DISORDERS CLINIC	3,164,882	0	3,164,882	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,014,117	0	1,014,117	0	0	90.23
90.24	09021	LIFE CARE CLINIC	12,166	0	12,166	0	0	90.24
91.00	09100	EMERGENCY	597,020,714	0	597,020,714	5,193	5,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	224,948,716	0	224,948,716	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	253,487,186	0	253,487,186	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	33,294,958	0	33,294,958	0	0	105.00
106.00	10600	HEART ACQUISITION	3,525,124	0	3,525,124	0	0	106.00
107.00	10700	LIVER ACQUISITION	16,258,391	0	16,258,391	0	0	107.00
108.00	10800	LUNG ACQUISITION	6,473,784	0	6,473,784	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,661,886	0	2,661,886	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	806,253	0	806,253	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	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	42,825,139	0	42,825,139	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	INTERNS & RESIDENTS							
			PATIENT TRANSPORTATION (GROSS CHARGES)	SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)						
			16.00	17.00	18.00		21.00	22.00			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					9,433,848,324	316,261	9,433,848,324	51,885	51,885	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	2,750	2,750	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	83	83	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	73	73	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	0	0	0	192.04
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments									200.00
201.00		Negative Cost Centers									201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,469,458	8,358,767	4,421,564	53,304,420	54,012,724				202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002064	26.429964	0.000469	972.868172	985.795550				203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	44,834	88,646	81,359	160,897	429,996				204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000005	0.280294	0.000009	2.936559	7.847931				205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)									206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)									207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METH ODI ST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	23.04	
<b>GENERAL SERVICE COST CENTERS</b>							
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	0				23.00
23.01	02301	PARAMED HEALTH SCIENCES		0			23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST			100		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				100	23.03
23.04	02304	PARAMED EMERGENCY					23.04
23.05	02312	PARAMED PASTORAL EDUCATION				0	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	0	0	0	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	100	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METH ODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	23.04	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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 INFUSION 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	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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 EXP	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 through 117)	0	0	100	100	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	PARAMED HEALTH SCIENCES (PROGRAM COST)	PARAMED RADIOLOGY-METH ODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	23.04	
191.01	19101 RESEARCH-GCRC	0	0	0	0	0	0191.01
191.02	19102 OSA	0	0	0	0	0	0191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0192.00
192.01	19201 OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	0192.01
192.02	19202 OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	0192.02
192.03	19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0192.03
192.04	19204 MHH RADIOLOGY	0	0	0	0	0	0192.04
192.06	19206 BELTWAY SURGERY	0	0	0	0	0	0192.06
192.07	19207 RHI	0	0	0	0	0	0192.07
192.08	19208 NON-ALLOWABLE ADVERTISING	0	0	0	0	0	0192.08
192.09	19209 ARTHRITIS CLINIC - NR	0	0	0	0	0	0192.09
192.10	19212 RADIO PHYSICIANS	0	0	0	0	0	0192.10
192.11	19211 UNUSED SPACE	0	0	0	0	0	0192.11
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	0	0	0	0202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	0204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	0206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

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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	
<b>GENERAL SERVICE COST CENTERS</b>							
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					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	316,261				23.05
23.06	02306	PARAMED LAB SCIENCE PRO		100			23.06
23.07	02307	PARAMED PHARMACY			240,447,855		23.07
23.08	02308	PARAMED MEDICAL ASSIST				0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY					100
23.10	02310	PARAMED PHARMACY TECH					23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY					23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	222,367	0	857,929	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,329	0	102,984	0	31.00
32.00	03200	CORONARY CARE UNIT	17,786	0	299,741	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	29,108	0	191,898	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,841	0	10,311	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.02	03401	UH SURG 61C	3,362	0	37,050	0	34.02
34.03	03402	UH NS 31C	0	0	0	0	34.03
34.04	03403	RH PEDIC	8,677	0	129,478	0	34.04
34.05	03404	TRANSPLANT ICU	2,057	0	22,640	0	34.05
34.06	03407	PEDS CANCER CARE	3,348	0	33,222	0	34.06
40.00	04000	SUBPROVIDER - IPF	4,294	0	56	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	4,092	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	462,280	0	100
50.01	05001	ENDOSCOPY	0	0	6,287	0	50.01
51.00	05100	RECOVERY ROOM	0	0	48,323	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	455,880	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	1,561	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	241,981	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	12,128	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,463	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,372	0	59.00
60.00	06000	LABORATORY	0	100	51,046	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	60.02

COST ALLOCATION - STATISTICAL BASIS

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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	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	1,591	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	128,166	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	5,327	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	301	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	9,594	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	235,296,581	0	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0	0	65,731	0	0	74.00
76.00	03020 RH NBN ECMO IC	0	0	3,607	0	0	76.00
76.01	03140 CARDIOLOGY	0	0	22,636	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	246	0	0	76.02
76.03	03950 CARDIAC CATH	0	0	33,170	0	0	76.03
76.04	03951 DAY SURGERY	0	0	8,141	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	191	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	469	0	0	90.01
90.02	09002 IUSCC HEM/ONC	0	0	407,555	0	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	266	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	476	0	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	0	53,112	0	0	90.07
90.08	09008 MOTILITY LAB	0	0	76	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 INFUSION CLINIC	0	0	16,097	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	152	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	409	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	4,151	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	222,784	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	11,409	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	119,403	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	1,767	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	245,840	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 EXP	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	770,420	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	316,261	100	240,402,298	0	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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



COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2020

Worksheet B-1

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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	
191.01	19101 RESEARCH-GCRC	0	0	1,905	0	0	191.01
191.02	19102 OSA	0	0	37,536	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	6,021	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	95	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)	808,585	0	2,884,745	0	525,242	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.556702	0.000000	0.011997	0.000000	5,252.420000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	71,464	0	120,871	0	33,393	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.225965	0.000000	0.000503	0.000000	333.930000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1  
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Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.10	23.11	
<b>GENERAL SERVICE COST CENTERS</b>				
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		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		23.09
23.10	02310	PARAMED PHARMACY TECH	100	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY		23.11
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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 61C	0	34.02
34.03	03402	UH NS 31C	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	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	60.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
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Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)		
		23.10	23.11		
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	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	INFUSION CLINIC	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	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
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
<b>SPECIAL PURPOSE COST CENTERS</b>					
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 EXP	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 through 117)	100	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet B-1

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Cost Center Description		PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOG Y (ASSIGNED TIME)	
		23.10	23.11	
191.01	19101 RESEARCH-GCRC	0	0	191.01
191.02	19102 OSA	0	0	191.02
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)	521,371	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5,213.710000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	43,316	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	433.160000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet C  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	292,531,138		292,531,138	0	292,531,138	30.00
31.00	03100	INTENSIVE CARE UNIT	31,324,881		31,324,881	0	31,324,881	31.00
32.00	03200	CORONARY CARE UNIT	35,487,841		35,487,841	0	35,487,841	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	41,759,157		41,759,157	0	41,759,157	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,454,435		4,454,435	0	4,454,435	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	7,979,678		7,979,678	0	7,979,678	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PEDIC	19,212,380		19,212,380	0	19,212,380	34.04
34.05	03404	TRANSPLANT ICU	4,494,597		4,494,597	0	4,494,597	34.05
34.06	03407	PEDS CANCER CARE	5,939,310		5,939,310	0	5,939,310	34.06
40.00	04000	SUBPROVIDER - IPF	7,437,947		7,437,947	0	7,437,947	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,430,399		2,430,399	0	2,430,399	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	121,119,598		121,119,598	0	121,119,598	50.00
50.01	05001	ENDOSCOPY	3,840,561		3,840,561	0	3,840,561	50.01
51.00	05100	RECOVERY ROOM	18,425,265		18,425,265	0	18,425,265	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,103,391		14,103,391	0	14,103,391	52.00
53.00	05300	ANESTHESIOLOGY	8,584,765		8,584,765	0	8,584,765	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,802,342		6,802,342	0	6,802,342	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,017,621		88,017,621	0	88,017,621	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,913,736		14,913,736	0	14,913,736	55.00
56.00	05600	RADIOISOTOPE	4,315,677		4,315,677	0	4,315,677	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,423,637		3,423,637	0	3,423,637	59.00
60.00	06000	LABORATORY	81,941,541		81,941,541	0	81,941,541	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,385,878		3,385,878	0	3,385,878	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,326,821		17,326,821	0	17,326,821	63.00
65.00	06500	RESPIRATORY THERAPY	38,939,725	0	38,939,725	0	38,939,725	65.00
66.00	06600	PHYSICAL THERAPY	34,701,019	0	34,701,019	0	34,701,019	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,979,683	0	6,979,683	0	6,979,683	67.00
68.00	06800	SPEECH PATHOLOGY	9,294,888	0	9,294,888	0	9,294,888	68.00
69.00	06900	ELECTROCARDIOLOGY	7,812,483		7,812,483	0	7,812,483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,272,904		12,272,904	0	12,272,904	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,771,256		91,771,256	0	91,771,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,485,837		140,485,837	0	140,485,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	334,702,241		334,702,241	0	334,702,241	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	265,578,359		265,578,359	0	265,578,359	73.03
74.00	07400	RENAL DIALYSIS	9,733,826		9,733,826	0	9,733,826	74.00
76.00	03020	RH NBN ECMO IC	2,072,732		2,072,732	0	2,072,732	76.00
76.01	03140	CARDIOLOGY	4,520,249		4,520,249	0	4,520,249	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,017,192		2,017,192	0	2,017,192	76.02
76.03	03950	CARDIAC CATH	14,876,322		14,876,322	0	14,876,322	76.03
76.04	03951	DAY SURGERY	8,314,393		8,314,393	0	8,314,393	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	3,939,215		3,939,215	0	3,939,215	76.08
76.97	07697	CARDIAC REHABILITATION	1,435,109		1,435,109	0	1,435,109	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,002,412		4,002,412	0	4,002,412	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,032,776		2,032,776	0	2,032,776	90.01
90.02	09002	IUSCC HEM/ONC	36,204,442		36,204,442	0	36,204,442	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,142,807		1,142,807	0	1,142,807	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,966,773		1,966,773	0	1,966,773	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,357,118		4,357,118	0	4,357,118	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,169,843		6,169,843	0	6,169,843	90.07
90.08	09008	MOTILITY LAB	339,528		339,528	0	339,528	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	612		612	0	612	90.10
90.11	09023	SLEEP LAB	5,672,765		5,672,765	0	5,672,765	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	INFUSION CLINIC	650,034		650,034	0	650,034	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:  
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To 12/31/2020

Worksheet C  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.16	09014	ORTHOPEDICS UH	0		0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,849,664		1,849,664	0	1,849,664		90.17
90.18	09016	DERMATOLOGY CLINIC	1,835,393		1,835,393	0	1,835,393		90.18
90.19	09017	INFUSION/HEM/ONC	80,790		80,790	0	80,790		90.19
90.20	09025	IUMG - MH	171,521		171,521	0	171,521		90.20
90.21	09019	OP REHAB CLINIC	70,138		70,138	0	70,138		90.21
90.22	09020	EATING DISORDERS CLINIC	2,373,127		2,373,127	0	2,373,127		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,987,507		2,987,507	0	2,987,507		90.23
90.24	09021	LIFE CARE CLINIC	2,754,102		2,754,102	0	2,754,102		90.24
91.00	09100	EMERGENCY	60,365,139		60,365,139	0	60,365,139		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,212,483		17,212,483		17,212,483		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	47,749,477		47,749,477	0	47,749,477		95.00
101.00	10100	HOME HEALTH AGENCY	95,778,544		95,778,544		95,778,544		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	19,581,173		19,581,173		19,581,173		105.00
106.00	10600	HEART ACQUISITION	3,522,410		3,522,410		3,522,410		106.00
107.00	10700	LIVER ACQUISITION	11,657,334		11,657,334		11,657,334		107.00
108.00	10800	LUNG ACQUISITION	4,540,750		4,540,750		4,540,750		108.00
109.00	10900	PANCREAS ACQUISITION	1,639,149		1,639,149		1,639,149		109.00
110.00	11000	INTESTINAL ACQUISITION	662,168		662,168		662,168		110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	479,736		479,736		479,736		112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,861,535		6,861,535		6,861,535		112.01
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	16,858,828		16,858,828		16,858,828		116.00
200.00		Subtotal (see instructions)	2,190,270,107	0	2,190,270,107	0	2,190,270,107		200.00
201.00		Less Observation Beds	17,212,483		17,212,483		17,212,483		201.00
202.00		Total (see instructions)	2,173,057,624	0	2,173,057,624	0	2,173,057,624		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet C  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	850,505,192		850,505,192		30.00
31.00	03100	INTENSIVE CARE UNIT	133,675,637		133,675,637		31.00
32.00	03200	CORONARY CARE UNIT	121,389,362		121,389,362		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	171,826,978		171,826,978		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	10,134,358		10,134,358		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.02	03401	UH SURG 61C	22,782,800		22,782,800		34.02
34.03	03402	UH NS 31C	0		0		34.03
34.04	03403	RH PEDIC	57,609,577		57,609,577		34.04
34.05	03404	TRANSPLANT ICU	12,498,088		12,498,088		34.05
34.06	03407	PEDS CANCER CARE	13,808,145		13,808,145		34.06
40.00	04000	SUBPROVIDER - IPF	11,241,500		11,241,500		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	7,805,872		7,805,872		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	672,135,349	369,974,814	1,042,110,163	0.116225	50.00
50.01	05001	ENDOSCOPY	23,025,676	8,805,096	31,830,772	0.120656	50.01
51.00	05100	RECOVERY ROOM	44,042,147	79,969,759	124,011,906	0.148577	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,977,719	7,698,832	54,676,551	0.257942	52.00
53.00	05300	ANESTHESIOLOGY	55,321,404	25,700,306	81,021,710	0.105956	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,299,122	28,797,123	33,096,245	0.205532	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	273,628,006	315,672,696	589,300,702	0.149359	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,420,212	160,695,269	174,115,481	0.085654	55.00
56.00	05600	RADIOISOTOPE	5,757,489	45,764,046	51,521,535	0.083765	56.00
59.00	05900	CARDIAC CATHETERIZATION	15,982,802	28,629,820	44,612,622	0.076741	59.00
60.00	06000	LABORATORY	276,679,564	237,393,771	514,073,335	0.159397	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,674,195	12,166,140	14,840,335	0.228154	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	96,036,079	11,630,291	107,666,370	0.160931	63.00
65.00	06500	RESPIRATORY THERAPY	164,939,165	3,079,883	168,019,048	0.231758	65.00
66.00	06600	PHYSICAL THERAPY	47,528,837	31,293,240	78,822,077	0.440245	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,542,915	3,191,780	20,734,695	0.336619	67.00
68.00	06800	SPEECH PATHOLOGY	11,288,934	13,075,870	24,364,804	0.381488	68.00
69.00	06900	ELECTROCARDIOLOGY	49,584,196	38,790,017	88,374,213	0.088402	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,964,741	19,746,429	60,711,170	0.202152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	203,984,011	139,447,877	343,431,888	0.267218	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	430,925,055	150,924,374	581,849,429	0.241447	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	748,894,796	959,962,932	1,708,857,728	0.195863	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	428	280,774,083	280,774,511	0.945878	73.03
74.00	07400	RENAL DIALYSIS	23,249,406	13,967,097	37,216,503	0.261546	74.00
76.00	03020	RH NBN ECMO IC	5,819,828	0	5,819,828	0.356150	76.00
76.01	03140	CARDIOLOGY	18,492,255	47,731,158	66,223,413	0.068258	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,376	1,376	1.465.982558	76.02
76.03	03950	CARDIAC CATH	57,743,947	92,253,813	149,997,760	0.099177	76.03
76.04	03951	DAY SURGERY	766,568	23,146,011	23,912,579	0.347700	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	22,654,703	0	22,654,703	0.173881	76.08
76.97	07697	CARDIAC REHABILITATION	0	3,212,309	3,212,309	0.446753	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,713,276	0	3,713,276	1.077865	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	40,701	4,134,483	4,175,184	0.486871	90.01
90.02	09002	IUSCC HEM/ONC	904,022	120,068,073	120,972,095	0.299279	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	6,871	4,067,331	4,074,202	0.280498	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,128	718,809	719,937	2.731868	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	13,613,190	12,396,471	26,009,661	0.167519	90.06
90.07	09007	AMB SVC-RILEY CLINICS	387,311	21,694,914	22,082,225	0.279403	90.07
90.08	09008	MOTILITY LAB	19,532	1,034,433	1,053,965	0.322144	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	6,669	15,689,811	15,696,480	0.361404	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	147	5,742,279	5,742,426	0.113198	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	90.16

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet C  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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		
90.17	09015	PHYSICAL MEDICINE	5,200	1,137,087	1,142,287	1.619264	0.000000	90.17	
90.18	09016	DERMATOLOGY CLINIC	2,029	7,296,983	7,299,012	0.251458	0.000000	90.18	
90.19	09017	INFUSION/HEM/ONC	90	92,458	92,548	0.872952	0.000000	90.19	
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20	
90.21	09019	OP REHAB CLINIC	1,298	670,779	672,077	0.104360	0.000000	90.21	
90.22	09020	EATING DISORDERS CLINIC	1,782	3,163,100	3,164,882	0.749831	0.000000	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	4,561	1,009,556	1,014,117	2.945919	0.000000	90.23	
90.24	09021	LIFE CARE CLINIC	90	12,076	12,166	226.376952	0.000000	90.24	
91.00	09100	EMERGENCY	174,293,532	422,727,182	597,020,714	0.101111	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,067,483	91,708,880	93,776,363	0.183548	0.000000	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	116,124	224,832,592	224,948,716	0.212268	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	253,487,186	253,487,186			101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	33,294,958	0	33,294,958			105.00	
106.00	10600	HEART ACQUISITION	3,525,124	0	3,525,124			106.00	
107.00	10700	LIVER ACQUISITION	16,258,391	0	16,258,391			107.00	
108.00	10800	LUNG ACQUISITION	6,473,784	0	6,473,784			108.00	
109.00	10900	PANCREAS ACQUISITION	2,661,886	0	2,661,886			109.00	
110.00	11000	INTESTINAL ACQUISITION	806,253	0	806,253			110.00	
112.00	08600	OTHER ORGAN ACQUISITION EXP	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	42,825,139	42,825,139			116.00	
200.00		Subtotal (see instructions)	5,045,842,490	4,388,005,834	9,433,848,324			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	5,045,842,490	4,388,005,834	9,433,848,324			202.00	



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 6/29/2021 2:46 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PEDIC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116225		50.00
50.01	05001	ENDOSCOPY	0.120656		50.01
51.00	05100	RECOVERY ROOM	0.148577		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257942		52.00
53.00	05300	ANESTHESIOLOGY	0.105956		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.205532		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149359		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085654		55.00
56.00	05600	RADIOISOTOPE	0.083765		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076741		59.00
60.00	06000	LABORATORY	0.159397		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.228154		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.160931		63.00
65.00	06500	RESPIRATORY THERAPY	0.231758		65.00
66.00	06600	PHYSICAL THERAPY	0.440245		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336619		67.00
68.00	06800	SPEECH PATHOLOGY	0.381488		68.00
69.00	06900	ELECTROCARDIOLOGY	0.088402		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202152		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267218		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241447		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195863		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.945878		73.03
74.00	07400	RENAL DIALYSIS	0.261546		74.00
76.00	03020	RH NBN ECMOIC	0.356150		76.00
76.01	03140	CARDIOLOGY	0.068258		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,465.982558		76.02
76.03	03950	CARDIAC CATH	0.099177		76.03
76.04	03951	DAY SURGERY	0.347700		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	0.173881		76.08
76.97	07697	CARDIAC REHABILITATION	0.446753		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.077865		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.486871		90.01
90.02	09002	IUSCC HEM/ONC	0.299279		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.280498		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2.731868		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.167519		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.279403		90.07
90.08	09008	MOTILITY LAB	0.322144		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	0.361404		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.113198		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	1.619264		90.17
90.18	09016	DERMATOLOGY CLINIC	0.251458		90.18

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part 1 Date/Time Prepared: 6/29/2021 2:46 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
90.19	09017	INFUSION/HEM/ONC	0.872952		90.19
90.20	09025	IUMG - MH	0.000000		90.20
90.21	09019	OP REHAB CLINIC	0.104360		90.21
90.22	09020	EATING DISORDERS CLINIC	0.749831		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.945919		90.23
90.24	09021	LIFE CARE CLINIC	226.376952		90.24
91.00	09100	EMERGENCY	0.101111		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.183548		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.212268		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 EXP			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 01/01/2020  
To 12/31/2020

Worksheet C  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	292,531,138		292,531,138	0	292,531,138	30.00
31.00	03100	INTENSIVE CARE UNIT	31,324,881		31,324,881	0	31,324,881	31.00
32.00	03200	CORONARY CARE UNIT	35,487,841		35,487,841	0	35,487,841	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	41,759,157		41,759,157	0	41,759,157	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,454,435		4,454,435	0	4,454,435	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.02	03401	UH SURG 6IC	7,979,678		7,979,678	0	7,979,678	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PEDIC	19,212,380		19,212,380	0	19,212,380	34.04
34.05	03404	TRANSPLANT ICU	4,494,597		4,494,597	0	4,494,597	34.05
34.06	03407	PEDS CANCER CARE	5,939,310		5,939,310	0	5,939,310	34.06
40.00	04000	SUBPROVIDER - IPF	7,437,947		7,437,947	0	7,437,947	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,430,399		2,430,399	0	2,430,399	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	121,119,598		121,119,598	0	121,119,598	50.00
50.01	05001	ENDOSCOPY	3,840,561		3,840,561	0	3,840,561	50.01
51.00	05100	RECOVERY ROOM	18,425,265		18,425,265	0	18,425,265	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,103,391		14,103,391	0	14,103,391	52.00
53.00	05300	ANESTHESIOLOGY	8,584,765		8,584,765	0	8,584,765	53.00
53.01	05301	PULMONARY FUNCTION TESTING	6,802,342		6,802,342	0	6,802,342	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,017,621		88,017,621	0	88,017,621	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,913,736		14,913,736	0	14,913,736	55.00
56.00	05600	RADIOLOGY	4,315,677		4,315,677	0	4,315,677	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,423,637		3,423,637	0	3,423,637	59.00
60.00	06000	LABORATORY	81,941,541		81,941,541	0	81,941,541	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,385,878		3,385,878	0	3,385,878	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0		0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,326,821		17,326,821	0	17,326,821	63.00
65.00	06500	RESPIRATORY THERAPY	38,939,725	0	38,939,725	0	38,939,725	65.00
66.00	06600	PHYSICAL THERAPY	34,701,019	0	34,701,019	0	34,701,019	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,979,683	0	6,979,683	0	6,979,683	67.00
68.00	06800	SPEECH PATHOLOGY	9,294,888	0	9,294,888	0	9,294,888	68.00
69.00	06900	ELECTROCARDIOLOGY	7,812,483		7,812,483	0	7,812,483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,272,904		12,272,904	0	12,272,904	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,771,256		91,771,256	0	91,771,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,485,837		140,485,837	0	140,485,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	334,702,241		334,702,241	0	334,702,241	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	265,578,359		265,578,359	0	265,578,359	73.03
74.00	07400	RENAL DIALYSIS	9,733,826		9,733,826	0	9,733,826	74.00
76.00	03020	RH NBN ECMO IC	2,072,732		2,072,732	0	2,072,732	76.00
76.01	03140	CARDIOLOGY	4,520,249		4,520,249	0	4,520,249	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,017,192		2,017,192	0	2,017,192	76.02
76.03	03950	CARDIAC CATH	14,876,322		14,876,322	0	14,876,322	76.03
76.04	03951	DAY SURGERY	8,314,393		8,314,393	0	8,314,393	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	3,939,215		3,939,215	0	3,939,215	76.08
76.97	07697	CARDIAC REHABILITATION	1,435,109		1,435,109	0	1,435,109	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,002,412		4,002,412	0	4,002,412	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,032,776		2,032,776	0	2,032,776	90.01
90.02	09002	IUSCC HEM/ONC	36,204,442		36,204,442	0	36,204,442	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,142,807		1,142,807	0	1,142,807	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,966,773		1,966,773	0	1,966,773	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0		0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,357,118		4,357,118	0	4,357,118	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,169,843		6,169,843	0	6,169,843	90.07
90.08	09008	MOTILITY LAB	339,528		339,528	0	339,528	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	612		612	0	612	90.10
90.11	09023	SLEEP LAB	5,672,765		5,672,765	0	5,672,765	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	INFUSION CLINIC	650,034		650,034	0	650,034	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet C  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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		
90.16	09014	ORTHOPEDICS UH	0		0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,849,664		1,849,664	0	1,849,664		90.17
90.18	09016	DERMATOLOGY CLINIC	1,835,393		1,835,393	0	1,835,393		90.18
90.19	09017	INFUSION/HEM/ONC	80,790		80,790	0	80,790		90.19
90.20	09025	IUMG - MH	171,521		171,521	0	171,521		90.20
90.21	09019	OP REHAB CLINIC	70,138		70,138	0	70,138		90.21
90.22	09020	EATING DISORDERS CLINIC	2,373,127		2,373,127	0	2,373,127		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2,987,507		2,987,507	0	2,987,507		90.23
90.24	09021	LIFE CARE CLINIC	2,754,102		2,754,102	0	2,754,102		90.24
91.00	09100	EMERGENCY	60,365,139		60,365,139	0	60,365,139		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,212,483		17,212,483		17,212,483		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	47,749,477		47,749,477	0	47,749,477		95.00
101.00	10100	HOME HEALTH AGENCY	95,778,544		95,778,544		95,778,544		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	19,581,173		19,581,173		19,581,173		105.00
106.00	10600	HEART ACQUISITION	3,522,410		3,522,410		3,522,410		106.00
107.00	10700	LIVER ACQUISITION	11,657,334		11,657,334		11,657,334		107.00
108.00	10800	LUNG ACQUISITION	4,540,750		4,540,750		4,540,750		108.00
109.00	10900	PANCREAS ACQUISITION	1,639,149		1,639,149		1,639,149		109.00
110.00	11000	INTESTINAL ACQUISITION	662,168		662,168		662,168		110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	479,736		479,736		479,736		112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,861,535		6,861,535		6,861,535		112.01
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	16,858,828		16,858,828		16,858,828		116.00
200.00		Subtotal (see instructions)	2,190,270,107	0	2,190,270,107	0	2,190,270,107		200.00
201.00		Less Observation Beds	17,212,483		17,212,483		17,212,483		201.00
202.00		Total (see instructions)	2,173,057,624	0	2,173,057,624	0	2,173,057,624		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 6/29/2021 2: 46 pm		
				Title XIX	Hospital	PPS		
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient						
	6.00	7.00	8.00					
9.00	10.00							
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	850,505,192		850,505,192		30.00	
31.00	03100	INTENSIVE CARE UNIT	133,675,637		133,675,637		31.00	
32.00	03200	CORONARY CARE UNIT	121,389,362		121,389,362		32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT	171,826,978		171,826,978		32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	10,134,358		10,134,358		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00	
34.02	03401	UH SURG 61C	22,782,800		22,782,800		34.02	
34.03	03402	UH NS 31C	0		0		34.03	
34.04	03403	RH PEDIC	57,609,577		57,609,577		34.04	
34.05	03404	TRANSPLANT ICU	12,498,088		12,498,088		34.05	
34.06	03407	PEDS CANCER CARE	13,808,145		13,808,145		34.06	
40.00	04000	SUBPROVIDER - IPF	11,241,500		11,241,500		40.00	
41.00	04100	SUBPROVIDER - IRF	0		0		41.00	
43.00	04300	NURSERY	7,805,872		7,805,872		43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	672,135,349	369,974,814	1,042,110,163	0.116225	50.00	
50.01	05001	ENDOSCOPY	23,025,676	8,805,096	31,830,772	0.120656	50.01	
51.00	05100	RECOVERY ROOM	44,042,147	79,969,759	124,011,906	0.148577	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,977,719	7,698,832	54,676,551	0.257942	52.00	
53.00	05300	ANESTHESIOLOGY	55,321,404	25,700,306	81,021,710	0.105956	53.00	
53.01	05301	PULMONARY FUNCTION TESTING	4,299,122	28,797,123	33,096,245	0.205532	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	273,628,006	315,672,696	589,300,702	0.149359	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	13,420,212	160,695,269	174,115,481	0.085654	55.00	
56.00	05600	RADIOISOTOPE	5,757,489	45,764,046	51,521,535	0.083765	56.00	
59.00	05900	CARDIAC CATHETERIZATION	15,982,802	28,629,820	44,612,622	0.076741	59.00	
60.00	06000	LABORATORY	276,679,564	237,393,771	514,073,335	0.159397	60.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	2,674,195	12,166,140	14,840,335	0.228154	60.01	
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0.000000	60.02	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	96,036,079	11,630,291	107,666,370	0.160931	63.00	
65.00	06500	RESPIRATORY THERAPY	164,939,165	3,079,883	168,019,048	0.231758	65.00	
66.00	06600	PHYSICAL THERAPY	47,528,837	31,293,240	78,822,077	0.440245	66.00	
67.00	06700	OCCUPATIONAL THERAPY	17,542,915	3,191,780	20,734,695	0.336619	67.00	
68.00	06800	SPEECH PATHOLOGY	11,288,934	13,075,870	24,364,804	0.381488	68.00	
69.00	06900	ELECTROCARDIOLOGY	49,584,196	38,790,017	88,374,213	0.088402	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	40,964,741	19,746,429	60,711,170	0.202152	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	203,984,011	139,447,877	343,431,888	0.267218	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	430,925,055	150,924,374	581,849,429	0.241447	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	748,894,796	959,962,932	1,708,857,728	0.195863	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	428	280,774,083	280,774,511	0.945878	73.03	
74.00	07400	RENAL DIALYSIS	23,249,406	13,967,097	37,216,503	0.261546	74.00	
76.00	03020	RH NBN ECMO IC	5,819,828	0	5,819,828	0.356150	76.00	
76.01	03140	CARDIOLOGY	18,492,255	47,731,158	66,223,413	0.068258	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,376	1,376	1.465.982558	76.02	
76.03	03950	CARDIAC CATH	57,743,947	92,253,813	149,997,760	0.099177	76.03	
76.04	03951	DAY SURGERY	766,568	23,146,011	23,912,579	0.347700	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	22,654,703	0	22,654,703	0.173881	76.08	
76.97	07697	CARDIAC REHABILITATION	0	3,212,309	3,212,309	0.446753	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,713,276	0	3,713,276	1.077865	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00	
90.00	09000	CLINIC	0	0	0	0.000000	90.00	
90.01	09001	AMB SVC-OB & GYN	40,701	4,134,483	4,175,184	0.486871	90.01	
90.02	09002	IUSCC HEM/ONC	904,022	120,068,073	120,972,095	0.299279	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	6,871	4,067,331	4,074,202	0.280498	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	1,128	718,809	719,937	2.731868	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	90.05	
90.06	09006	OUTPATIENT SURGERY	13,613,190	12,396,471	26,009,661	0.167519	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	387,311	21,694,914	22,082,225	0.279403	90.07	
90.08	09008	MOTILITY LAB	19,532	1,034,433	1,053,965	0.322144	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	6,669	15,689,811	15,696,480	0.361404	90.11	
90.12	09024	OP CARE ADULTS	0	0	0	0.000000	90.12	
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	90.13	
90.14	09012	INFUSION CLINIC	147	5,742,279	5,742,426	0.113198	90.14	
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	90.15	
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	90.16	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet C  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
90.17	09015	PHYSICAL MEDICINE	5,200	1,137,087	1,142,287	1.619264	0.000000	90.17	
90.18	09016	DERMATOLOGY CLINIC	2,029	7,296,983	7,299,012	0.251458	0.000000	90.18	
90.19	09017	INFUSION/HEM/ONC	90	92,458	92,548	0.872952	0.000000	90.19	
90.20	09025	IUMG - MH	0	0	0	0.000000	0.000000	90.20	
90.21	09019	OP REHAB CLINIC	1,298	670,779	672,077	0.104360	0.000000	90.21	
90.22	09020	EATING DISORDERS CLINIC	1,782	3,163,100	3,164,882	0.749831	0.000000	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	4,561	1,009,556	1,014,117	2.945919	0.000000	90.23	
90.24	09021	LIFE CARE CLINIC	90	12,076	12,166	226.376952	0.000000	90.24	
91.00	09100	EMERGENCY	174,293,532	422,727,182	597,020,714	0.101111	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,067,483	91,708,880	93,776,363	0.183548	0.000000	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	116,124	224,832,592	224,948,716	0.212268	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	253,487,186	253,487,186			101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>									
105.00	10500	KIDNEY ACQUISITION	33,294,958	0	33,294,958			105.00	
106.00	10600	HEART ACQUISITION	3,525,124	0	3,525,124			106.00	
107.00	10700	LIVER ACQUISITION	16,258,391	0	16,258,391			107.00	
108.00	10800	LUNG ACQUISITION	6,473,784	0	6,473,784			108.00	
109.00	10900	PANCREAS ACQUISITION	2,661,886	0	2,661,886			109.00	
110.00	11000	INTESTINAL ACQUISITION	806,253	0	806,253			110.00	
112.00	08600	OTHER ORGAN ACQUISITION EXP	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	42,825,139	42,825,139			116.00	
200.00		Subtotal (see instructions)	5,045,842,490	4,388,005,834	9,433,848,324			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	5,045,842,490	4,388,005,834	9,433,848,324			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 6/29/2021 2:46 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PEDI C			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116225		50.00
50.01	05001	ENDOSCOPY	0.120656		50.01
51.00	05100	RECOVERY ROOM	0.148577		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257942		52.00
53.00	05300	ANESTHESIOLOGY	0.105956		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.205532		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149359		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085654		55.00
56.00	05600	RADIOISOTOPE	0.083765		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076741		59.00
60.00	06000	LABORATORY	0.159397		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.228154		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.160931		63.00
65.00	06500	RESPIRATORY THERAPY	0.231758		65.00
66.00	06600	PHYSICAL THERAPY	0.440245		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336619		67.00
68.00	06800	SPEECH PATHOLOGY	0.381488		68.00
69.00	06900	ELECTROCARDIOLOGY	0.088402		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202152		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267218		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241447		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195863		73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.945878		73.03
74.00	07400	RENAL DIALYSIS	0.261546		74.00
76.00	03020	RH NBN ECMO IC	0.356150		76.00
76.01	03140	CARDIOLOGY	0.068258		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,465.982558		76.02
76.03	03950	CARDIAC CATH	0.099177		76.03
76.04	03951	DAY SURGERY	0.347700		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	0.173881		76.08
76.97	07697	CARDIAC REHABILITATION	0.446753		76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.077865		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0.486871		90.01
90.02	09002	IUSCC HEM/ONC	0.299279		90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.280498		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2.731868		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.167519		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.279403		90.07
90.08	09008	MOTILITY LAB	0.322144		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	0.361404		90.11
90.12	09024	OP CARE ADULTS	0.000000		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	INFUSION CLINIC	0.113198		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	1.619264		90.17
90.18	09016	DERMATOLOGY CLINIC	0.251458		90.18

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet C  
Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
90.19	09017	INFUSION/HEM/ONC	0.872952			90.19
90.20	09025	IUMG - MH	0.000000			90.20
90.21	09019	OP REHAB CLINIC	0.104360			90.21
90.22	09020	EATING DISORDERS CLINIC	0.749831			90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.945919			90.23
90.24	09021	LIFE CARE CLINIC	226.376952			90.24
91.00	09100	EMERGENCY	0.101111			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.183548			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.212268			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 EXP				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 01/01/2020 To 12/31/2020

Worksheet C Part II Date/Time Prepared: 6/29/2021 2:46 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		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	121,119,598	23,155,492	97,964,106	0	0	50.00	
50.01	05001	ENDOSCOPY	3,840,561	311,512	3,529,049	0	0	50.01	
51.00	05100	RECOVERY ROOM	18,425,265	1,468,753	16,956,512	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,103,391	1,248,790	12,854,601	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	8,584,765	1,011,038	7,573,727	0	0	53.00	
53.01	05301	PULMONARY FUNCTION TESTING	6,802,342	564,760	6,237,582	0	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,017,621	17,970,144	70,047,477	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	14,913,736	3,632,581	11,281,155	0	0	55.00	
56.00	05600	RADIOISOTOPE	4,315,677	1,241,969	3,073,708	0	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	3,423,637	401,548	3,022,089	0	0	59.00	
60.00	06000	LABORATORY	81,941,541	8,805,628	73,135,913	0	0	60.00	
60.01	06001	TRANSPLANT IMMUNOLOGY	3,385,878	233,019	3,152,859	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.	17,326,821	262,386	17,064,435	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	38,939,725	1,703,356	37,236,369	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	34,701,019	1,127,964	33,573,055	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	6,979,683	101,954	6,877,729	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	9,294,888	642,108	8,652,780	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	7,812,483	1,899,232	5,913,251	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	12,272,904	1,602,816	10,670,088	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,771,256	774,628	90,996,628	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,485,837	1,181,241	139,304,596	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	334,702,241	2,173,285	332,528,956	0	0	73.00	
73.03	07303	OUTPATIENT RETAIL PHARMACY	265,578,359	826,243	264,752,116	0	0	73.03	
74.00	07400	RENAL DIALYSIS	9,733,826	868,246	8,865,580	0	0	74.00	
76.00	03020	RH NBN ECMO IC	2,072,732	88,386	1,984,346	0	0	76.00	
76.01	03140	CARDIOLOGY	4,520,249	1,158,227	3,362,022	0	0	76.01	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,017,192	45,746	1,971,446	0	0	76.02	
76.03	03950	CARDIAC CATH	14,876,322	2,759,970	12,116,352	0	0	76.03	
76.04	03951	DAY SURGERY	8,314,393	489,019	7,825,374	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	3,939,215	150,769	3,788,446	0	0	76.08	
76.97	07697	CARDIAC REHABILITATION	1,435,109	162,182	1,272,927	0	0	76.97	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,002,412	10,575	3,991,837	0	0	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
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	2,032,776	318,429	1,714,347	0	0	90.01	
90.02	09002	IUSCC HEM/ONC	36,204,442	2,703,309	33,501,133	0	0	90.02	
90.03	09003	AMB SVC-OPHTHALMOLOGY	1,142,807	185,556	957,251	0	0	90.03	
90.04	09004	AMB SVC-PSYCH ADULT	1,966,773	187,222	1,779,551	0	0	90.04	
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05	
90.06	09006	OUTPATIENT SURGERY	4,357,118	379,760	3,977,358	0	0	90.06	
90.07	09007	AMB SVC-RILEY CLINICS	6,169,843	986,846	5,182,997	0	0	90.07	
90.08	09008	MOTILITY LAB	339,528	55,017	284,511	0	0	90.08	
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09	
90.10	09010	CLINICAL GERIATRICS	612	1	611	0	0	90.10	
90.11	09023	SLEEP LAB	5,672,765	261,055	5,411,710	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	INFUSION CLINIC	650,034	12,989	637,045	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	1,849,664	193,959	1,655,705	0	0	90.17	
90.18	09016	DERMATOLOGY CLINIC	1,835,393	150,680	1,684,713	0	0	90.18	
90.19	09017	INFUSION/HEM/ONC	80,790	4,782	76,008	0	0	90.19	
90.20	09025	IUMG - MH	171,521	52,807	118,714	0	0	90.20	
90.21	09019	OP REHAB CLINIC	70,138	4,690	65,448	0	0	90.21	
90.22	09020	EATING DISORDERS CLINIC	2,373,127	17,019	2,356,108	0	0	90.22	
90.23	09018	GASTROENTEROLOGY CLINIC	2,987,507	288,395	2,699,112	0	0	90.23	
90.24	09021	LIFE CARE CLINIC	2,754,102	120,790	2,633,312	0	0	90.24	
91.00	09100	EMERGENCY	60,365,139	3,290,457	57,074,682	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	17,212,483	979,872	16,232,611	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	47,749,477	6,162,081	41,587,396	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	95,778,544	899,719	94,878,825	0	0	101.00	

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

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet C  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 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		
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	19,581,173	236,250	19,344,923	0	0	105.00
106.00	10600	HEART ACQUISITION	3,522,410	23,802	3,498,608	0	0	106.00
107.00	10700	LIVER ACQUISITION	11,657,334	93,612	11,563,722	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,540,750	23,448	4,517,302	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,639,149	14,756	1,624,393	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	662,168	4,721	657,447	0	0	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	479,736	1,105	478,631	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,861,535	200,885	6,660,650	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	16,858,828	130,386	16,728,442	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,737,218,344	96,057,967	1,641,160,377	0	0	200.00
201.00		Less Observation Beds	17,212,483	979,872	16,232,611	0	0	201.00
202.00		Total (line 200 minus line 201)	1,720,005,861	95,078,095	1,624,927,766	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part II Date/Time Prepared: 6/29/2021 2:46 pm
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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)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	121,119,598	1,042,110,163	0.116225		50.00
50.01	05001 ENDOSCOPY	3,840,561	31,830,772	0.120656		50.01
51.00	05100 RECOVERY ROOM	18,425,265	124,011,906	0.148577		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	14,103,391	54,676,551	0.257942		52.00
53.00	05300 ANESTHESIOLOGY	8,584,765	81,021,710	0.105956		53.00
53.01	05301 PULMONARY FUNCTION TESTING	6,802,342	33,096,245	0.205532		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	88,017,621	589,300,702	0.149359		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	14,913,736	174,115,481	0.085654		55.00
56.00	05600 RADIOISOTOPE	4,315,677	51,521,535	0.083765		56.00
59.00	05900 CARDIAC CATHETERIZATION	3,423,637	44,612,622	0.076741		59.00
60.00	06000 LABORATORY	81,941,541	514,073,335	0.159397		60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	3,385,878	14,840,335	0.228154		60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0.000000		60.02
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	17,326,821	107,666,370	0.160931		63.00
65.00	06500 RESPIRATORY THERAPY	38,939,725	168,019,048	0.231758		65.00
66.00	06600 PHYSICAL THERAPY	34,701,019	78,822,077	0.440245		66.00
67.00	06700 OCCUPATIONAL THERAPY	6,979,683	20,734,695	0.336619		67.00
68.00	06800 SPEECH PATHOLOGY	9,294,888	24,364,804	0.381488		68.00
69.00	06900 ELECTROCARDIOLOGY	7,812,483	88,374,213	0.088402		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,272,904	60,711,170	0.202152		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	91,771,256	343,431,888	0.267218		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	140,485,837	581,849,429	0.241447		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	334,702,241	1,708,857,728	0.195863		73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	265,578,359	280,774,511	0.945878		73.03
74.00	07400 RENAL DIALYSIS	9,733,826	37,216,503	0.261546		74.00
76.00	03020 RHNBN ECMO IC	2,072,732	5,819,828	0.356150		76.00
76.01	03140 RADIOLOGY	4,520,249	66,223,413	0.068258		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,017,192	1,376	1,465.982558		76.02
76.03	03950 CARDIAC CATH	14,876,322	149,997,760	0.099177		76.03
76.04	03951 DAY SURGERY	8,314,393	23,912,579	0.347700		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 RADIOLOGY-RILEY	0	0	0.000000		76.07
76.08	03954 ECMO-ADULT	3,939,215	22,654,703	0.173881		76.08
76.97	07697 CARDIAC REHABILITATION	1,435,109	3,212,309	0.446753		76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,002,412	3,713,276	1.077865		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 AMB SVC-OB & GYN	2,032,776	4,175,184	0.486871		90.01
90.02	09002 IUSCC HEM/ONC	36,204,442	120,972,095	0.299279		90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	1,142,807	4,074,202	0.280498		90.03
90.04	09004 AMB SVC-PSYCH ADULT	1,966,773	719,937	2.731868		90.04
90.05	09005 AMB SVC-DIABETES ADULT	0	0	0.000000		90.05
90.06	09006 OUTPATIENT SURGERY	4,357,118	26,009,661	0.167519		90.06
90.07	09007 AMB SVC-RILEY CLINICS	6,169,843	22,082,225	0.279403		90.07
90.08	09008 MOTILITY LAB	339,528	1,053,965	0.322144		90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010 CLINICAL GERIATRICS	612	0	0.000000		90.10
90.11	09023 SLEEP LAB	5,672,765	15,696,480	0.361404		90.11
90.12	09024 OP CARE ADULTS	0	0	0.000000		90.12
90.13	09011 PEDIATRIC CLINIC	0	0	0.000000		90.13
90.14	09012 INFUSION CLINIC	650,034	5,742,426	0.113198		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	1,849,664	1,142,287	1.619264		90.17
90.18	09016 DERMATOLOGY CLINIC	1,835,393	7,299,012	0.251458		90.18
90.19	09017 INFUSION/HEM/ONC	80,790	92,548	0.872952		90.19
90.20	09025 IUMG - MH	171,521	0	0.000000		90.20
90.21	09019 OP REHAB CLINIC	70,138	672,077	0.104360		90.21
90.22	09020 EATING DISORDERS CLINIC	2,373,127	3,164,882	0.749831		90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2,987,507	1,014,117	2.945919		90.23
90.24	09021 LIFE CARE CLINIC	2,754,102	12,166	226.376952		90.24
91.00	09100 EMERGENCY	60,365,139	597,020,714	0.101111		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	17,212,483	93,776,363	0.183548		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	47,749,477	224,948,716	0.212268		95.00
101.00	10100 HOME HEALTH AGENCY	95,778,544	253,487,186	0.377844		101.00

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

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet C  
Part II  
Date/Time Prepared:  
6/29/2021 2:46 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)	Hospital	PPS
		6.00	7.00	8.00		
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	19,581,173	33,294,958	0.588112	105.00
106.00	10600	HEART ACQUISITION	3,522,410	3,525,124	0.999230	106.00
107.00	10700	LIVER ACQUISITION	11,657,334	16,258,391	0.717004	107.00
108.00	10800	LUNG ACQUISITION	4,540,750	6,473,784	0.701406	108.00
109.00	10900	PANCREAS ACQUISITION	1,639,149	2,661,886	0.615785	109.00
110.00	11000	INTESTINAL ACQUISITION	662,168	806,253	0.821291	110.00
112.00	08600	OTHER ORGAN ACQUISITION EXP	479,736	0	0.000000	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,861,535	0	0.000000	112.01
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	16,858,828	42,825,139	0.393667	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,737,218,344	8,020,570,815		200.00
201.00		Less Observation Beds	17,212,483	0		201.00
202.00		Total (line 200 minus line 201)	1,720,005,861	8,020,570,815		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 1 Date/Time Prepared: 6/29/2021 2:46 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	16,653,237	0	16,653,237	236,269	70.48	30.00
31.00	INTENSIVE CARE UNIT	1,252,934		1,252,934	19,329	64.82	31.00
32.00	CORONARY CARE UNIT	2,138,695		2,138,695	17,786	120.25	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,641,260		2,641,260	29,108	90.74	32.01
33.00	BURN INTENSIVE CARE UNIT	440,544		440,544	1,841	239.30	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 61C	546,314		546,314	3,362	162.50	34.02
34.03	UH NS 31C	0		0	0	0.00	34.03
34.04	RH PED IC	1,420,950		1,420,950	8,677	163.76	34.04
34.05	TRANSPLANT ICU	322,615		322,615	2,057	156.84	34.05
34.06	PEDS CANCER CARE	845,673		845,673	3,348	252.59	34.06
40.00	SUBPROVIDER - IPF	590,021	0	590,021	4,294	137.41	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	31,198		31,198	4,092	7.62	43.00
200.00	Total (lines 30 through 199)	26,883,441		26,883,441	330,163		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	54,179	3,818,536	30.00
31.00	INTENSIVE CARE UNIT	5,779	374,595	31.00
32.00	CORONARY CARE UNIT	4,082	490,861	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0	32.01
33.00	BURN INTENSIVE CARE UNIT	3	718	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 61C	1,146	186,225	34.02
34.03	UH NS 31C	0	0	34.03
34.04	RH PED IC	37	6,059	34.04
34.05	TRANSPLANT ICU	712	111,670	34.05
34.06	PEDS CANCER CARE	149	37,636	34.06
40.00	SUBPROVIDER - IPF	1,240	170,388	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	67,327	5,196,688	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 6/29/2021 2: 46 pm				
Cost Center Description		Capital Related Cost (from Wkst. B, Part I, 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,155,492	1,042,110,163	0.022220	159,363,250	3,541,051	50.00
50.01	05001	ENDOSCOPY	311,512	31,830,772	0.009787	6,925,063	67,776	50.01
51.00	05100	RECOVERY ROOM	1,468,753	124,011,906	0.011844	11,115,300	131,650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,248,790	54,676,551	0.022840	562,403	12,845	52.00
53.00	05300	ANESTHESIOLOGY	1,011,038	81,021,710	0.012479	11,862,968	148,038	53.00
53.01	05301	PULMONARY FUNCTION TESTING	564,760	33,096,245	0.017064	167,864	2,864	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,970,144	589,300,702	0.030494	68,365,745	2,084,745	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,632,581	174,115,481	0.020863	3,186,562	66,481	55.00
56.00	05600	RADIOISOTOPE	1,241,969	51,521,535	0.024106	1,900,210	45,806	56.00
59.00	05900	CARDIAC CATHETERIZATION	401,548	44,612,622	0.009001	5,363,860	48,280	59.00
60.00	06000	LABORATORY	8,805,628	514,073,335	0.017129	64,166,295	1,099,104	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	233,019	14,840,335	0.015702	876,011	13,755	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	262,386	107,666,370	0.002437	17,190,572	41,893	63.00
65.00	06500	RESPIRATORY THERAPY	1,703,356	168,019,048	0.010138	28,599,502	289,942	65.00
66.00	06600	PHYSICAL THERAPY	1,127,964	78,822,077	0.014310	12,379,172	177,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,954	20,734,695	0.004917	3,065,898	15,075	67.00
68.00	06800	SPEECH PATHOLOGY	642,108	24,364,804	0.026354	2,348,000	61,879	68.00
69.00	06900	ELECTROCARDIOLOGY	1,899,232	88,374,213	0.021491	11,228,269	241,307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,602,816	60,711,170	0.026401	6,698,786	176,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	774,628	343,431,888	0.002256	54,277,490	122,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,181,241	581,849,429	0.002030	113,893,224	231,203	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,173,285	1,708,857,728	0.001272	147,756,834	187,947	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	826,243	280,774,511	0.002943	0	0	73.03
74.00	07400	RENAL DIALYSIS	868,246	37,216,503	0.023330	8,342,046	194,620	74.00
76.00	03020	RH NBN ECMO IC	88,386	5,819,828	0.015187	44,023	669	76.00
76.01	03140	CARDIOLOGY	1,158,227	66,223,413	0.017490	6,248,862	109,293	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	45,746	1,376	33.245640	0	0	76.02
76.03	03950	CARDIAC CATH	2,759,970	149,997,760	0.018400	14,522,146	267,207	76.03
76.04	03951	DAY SURGERY	489,019	23,912,579	0.020450	276,727	5,659	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	150,769	22,654,703	0.006655	3,705,783	24,662	76.08
76.97	07697	CARDIAC REHABILITATION	162,182	3,212,309	0.050488	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,575	3,713,276	0.002848	132,617	378	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	318,429	4,175,184	0.076267	2,882	220	90.01
90.02	09002	IUSCC HEM/ONC	2,703,309	120,972,095	0.022347	322,497	7,207	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	185,556	4,074,202	0.045544	83	4	90.03
90.04	09004	AMB SVC-PSYCH ADULT	187,222	719,937	0.26053	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	379,760	26,009,661	0.014601	3,986,202	58,203	90.06
90.07	09007	AMB SVC-RILEY CLINICS	986,846	22,082,225	0.044690	12,239	547	90.07
90.08	09008	MOTILITY LAB	55,017	1,053,965	0.052200	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	261,055	15,696,480	0.016631	5,063	84	90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	12,989	5,742,426	0.002262	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	193,959	1,142,287	0.169799	2,616	444	90.17
90.18	09016	DERMATOLOGY CLINIC	150,680	7,299,012	0.020644	1,162	24	90.18
90.19	09017	INFUSION/HEM/ONC	4,782	92,548	0.051670	83	4	90.19
90.20	09025	IUMG - MH	52,807	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	4,690	672,077	0.006978	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	17,019	3,164,882	0.005377	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	288,395	1,014,117	0.284380	2,515	715	90.23
90.24	09021	LIFE CARE CLINIC	120,790	12,166	9.928489	83	824	90.24
91.00	09100	EMERGENCY	3,290,457	597,020,714	0.005511	42,871,472	236,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	979,872	93,776,363	0.010449	308,294	3,221	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	88,267,202	7,436,289,378		812,080,673	9,718,342	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			SP Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 6/29/2021 2:46 pm		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	578,819	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	50,653	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	49,070	0	32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	76,722	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,831	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	9,040	0	34.02	
34.03	03402	UH NS 31C	0	0	0	0	0	34.03	
34.04	03403	RH PEDIC	0	0	0	23,738	0	34.04	
34.05	03404	TRANSPLANT ICU	0	0	0	5,531	0	34.05	
34.06	03407	PEDS CANCER CARE	0	0	0	8,959	0	34.06	
40.00	04000	SUBPROVIDER - IPF	0	0	0	10,979	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	10,462	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	828,804	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	578,819	236,269	2.45	54,179	30.00	
31.00	03100	INTENSIVE CARE UNIT		50,653	19,329	2.62	5,779	31.00	
32.00	03200	CORONARY CARE UNIT		49,070	17,786	2.76	4,082	32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT		76,722	29,108	2.64	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		4,831	1,841	2.62	3	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.02	03401	UH SURG 61C		9,040	3,362	2.69	1,146	34.02	
34.03	03402	UH NS 31C		0	0	0.00	0	34.03	
34.04	03403	RH PEDIC		23,738	8,677	2.74	37	34.04	
34.05	03404	TRANSPLANT ICU		5,531	2,057	2.69	712	34.05	
34.06	03407	PEDS CANCER CARE		8,959	3,348	2.68	149	34.06	
40.00	04000	SUBPROVIDER - IPF	0	10,979	4,294	2.56	1,240	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY		10,462	4,092	2.56	0	43.00	
200.00		Total (lines 30 through 199)		828,804	330,163		67,327	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	132,739						30.00
31.00	03100	INTENSIVE CARE UNIT	15,141						31.00
32.00	03200	CORONARY CARE UNIT	11,266						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	8						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.02	03401	UH SURG 61C	3,083						34.02
34.03	03402	UH NS 31C	0						34.03
34.04	03403	RH PEDIC	101						34.04
34.05	03404	TRANSPLANT ICU	1,915						34.05
34.06	03407	PEDS CANCER CARE	399						34.06
40.00	04000	SUBPROVIDER - IPF	3,174						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	167,826						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/29/2021 2: 46 pm	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	530,788	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	75	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	580	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	5,469	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0	0	0	0	19	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,903	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	145	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	30	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	64	59.00
60.00	06000 LABORATORY	0	0	0	0	612	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	19	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	1,538	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	64	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	4	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	115	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	3,344,316	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0	0	0	0	789	74.00
76.00	03020 RH NBN ECMO IC	0	0	0	0	43	76.00
76.01	03140 CARDIOLOGY	0	0	0	0	272	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	3	76.02
76.03	03950 CARDIAC CATH	0	0	0	0	398	76.03
76.04	03951 DAY SURGERY	0	0	0	0	98	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	2	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	6	90.01
90.02	09002 IUSCC HEM/ONC	0	0	0	0	4,889	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0	0	3	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	6	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	0	0	0	637	90.07
90.08	09008 MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	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 INFUSION CLINIC	0	0	0	0	193	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	2	90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	0	0	5	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0	0	50	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	2,673	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	34,064	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
200.00	Total (lines 50 through 199)	0	0	0	0	3,930,875	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm		
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	530,788	530,788	1,042,110,163	0.000509	50.00
50.01	05001	ENDOSCOPY	0	75	75	31,830,772	0.000002	50.01
51.00	05100	RECOVERY ROOM	0	580	580	124,011,906	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	54,676,551	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,469	5,469	81,021,710	0.000068	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	19	19	33,096,245	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,903	2,903	589,300,702	0.000005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	145	145	174,115,481	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	30	30	51,521,535	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	64	64	44,612,622	0.000001	59.00
60.00	06000	LABORATORY	0	612	612	514,073,335	0.000001	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	14,840,335	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	19	19	107,666,370	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,538	1,538	168,019,048	0.000009	65.00
66.00	06600	PHYSICAL THERAPY	0	64	64	78,822,077	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	20,734,695	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	4	4	24,364,804	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	115	115	88,374,213	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	60,711,170	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	343,431,888	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	581,849,429	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,344,316	3,344,316	1,708,857,728	0.001957	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	280,774,511	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	789	789	37,216,503	0.000021	74.00
76.00	03020	RH NBN ECMO IC	0	43	43	5,819,828	0.000007	76.00
76.01	03140	CARDIOLOGY	0	272	272	66,223,413	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3	3	1,376	0.002180	76.02
76.03	03950	CARDIAC CATH	0	398	398	149,997,760	0.000003	76.03
76.04	03951	DAY SURGERY	0	98	98	23,912,579	0.000004	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	22,654,703	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,212,309	0.000001	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	3,713,276	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	6	6	4,175,184	0.000001	90.01
90.02	09002	IUSCC HEM/ONC	0	4,889	4,889	120,972,095	0.000040	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	3	3	4,074,202	0.000001	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	719,937	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	6	6	26,009,661	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	637	637	22,082,225	0.000029	90.07
90.08	09008	MOTILITY LAB	0	1	1	1,053,965	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	15,696,480	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	193	193	5,742,426	0.000034	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	2	2	1,142,287	0.000002	90.17
90.18	09016	DERMATOLOGY CLINIC	0	5	5	7,299,012	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	50	50	92,548	0.000540	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	672,077	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,164,882	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	1,014,117	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	12,166	0.000000	90.24
91.00	09100	EMERGENCY	0	2,673	2,673	597,020,714	0.000004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	34,064	34,064	93,776,363	0.000363	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
200.00	Total (lines 50 through 199)	0	3,930,875	3,930,875	7,436,289,378	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000509	159,363,250	81,116	52,310,010	26,626	50.00
50.01	05001 ENDOSCOPY	0.000002	6,925,063	14	2,354,946	5	50.01
51.00	05100 RECOVERY ROOM	0.000005	11,115,300	56	13,464,146	67	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	562,403	0	79,582	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000068	11,862,968	807	2,920,501	199	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.000001	167,864	0	3,555,485	4	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000005	68,365,745	342	57,279,206	286	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000001	3,186,562	3	37,065,616	37	55.00
56.00	05600 RADIOISOTOPE	0.000001	1,900,210	2	6,003,146	6	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000001	5,363,860	5	10,164,120	10	59.00
60.00	06000 LABORATORY	0.000001	64,166,295	64	31,513,834	32	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.000000	876,011	0	1,282,198	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.	0.000000	17,190,572	0	1,863,403	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000009	28,599,502	257	383,977	3	65.00
66.00	06600 PHYSICAL THERAPY	0.000001	12,379,172	12	1,170,171	1	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,065,898	0	11,873	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,348,000	0	945,748	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000001	11,228,269	11	4,661,373	5	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	6,698,786	0	1,048,607	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	54,277,490	0	37,043,262	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	113,893,224	0	33,785,435	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001957	147,756,834	289,160	256,232,838	501,448	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0.000021	8,342,046	175	472,419	10	74.00
76.00	03020 RH NBN ECMO IC	0.000007	44,023	0	0	0	76.00
76.01	03140 CARDIOLOGY	0.000004	6,248,862	25	18,481,581	74	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.002180	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0.000003	14,522,146	44	15,167,092	46	76.03
76.04	03951 DAY SURGERY	0.000004	276,727	1	6,164,143	25	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	0.000000	3,705,783	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.000001	0	0	1,023,015	1	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	132,617	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0.000001	2,882	0	211,929	0	90.01
90.02	09002 IUSCC HEM/ONC	0.000040	322,497	13	32,101,634	1,284	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.000001	83	0	1,081,890	1	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.000000	0	0	32,498	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.000000	3,986,202	0	4,030,534	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.000029	12,239	0	187,483	5	90.07
90.08	09008 MOTILITY LAB	0.000001	0	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0.000000	5,063	0	2,713,573	0	90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0.000034	0	0	2,526,163	86	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	0.000002	2,616	0	430,946	1	90.17
90.18	09016 DERMATOLOGY CLINIC	0.000001	1,162	0	1,957,899	2	90.18
90.19	09017 INFUSION/HEM/ONC	0.000540	83	0	20,413	11	90.19
90.20	09025 IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.000000	0	0	770	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.000000	0	0	123,131	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0.000000	2,515	0	302,452	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000000	83	0	660	0	90.24
91.00	09100 EMERGENCY	0.000004	42,871,472	171	36,708,888	147	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000363	308,294	112	9,384,267	3,406	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		812,080,673	372,390	688,262,857	533,828	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.116225	52,310,010	0	0	6,079,731	50.00
50.01	05001	ENDOSCOPY	0.120656	2,354,946	0	0	284,138	50.01
51.00	05100	RECOVERY ROOM	0.148577	13,464,146	0	0	2,000,462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257942	79,582	0	0	20,528	52.00
53.00	05300	ANESTHESIOLOGY	0.105956	2,920,501	0	0	309,445	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.205532	3,555,485	0	0	730,766	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149359	57,279,206	0	0	8,555,165	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085654	37,065,616	0	0	3,174,818	55.00
56.00	05600	RADIOISOTOPE	0.083765	6,003,146	0	0	502,854	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076741	10,164,120	0	0	780,005	59.00
60.00	06000	LABORATORY	0.159397	31,513,834	14,948	0	5,023,211	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.228154	1,282,198	0	0	292,539	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.160931	1,863,403	1,023	0	299,879	63.00
65.00	06500	RESPIRATORY THERAPY	0.231758	383,977	0	0	88,990	65.00
66.00	06600	PHYSICAL THERAPY	0.440245	1,170,171	0	0	515,162	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336619	11,873	0	0	3,997	67.00
68.00	06800	SPEECH PATHOLOGY	0.381488	945,748	0	0	360,792	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088402	4,661,373	0	0	412,075	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202152	1,048,607	0	0	211,978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267218	37,043,262	0	0	9,898,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241447	33,785,435	0	0	8,157,392	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195863	256,232,838	5,006	553,920	50,186,532	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.945878	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.261546	472,419	0	0	123,559	74.00
76.00	03020	RH NBN ECMO IC	0.356150	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.068258	18,481,581	0	0	1,261,516	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,465.982558	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.099177	15,167,092	0	0	1,504,227	76.03
76.04	03951	DAY SURGERY	0.347700	6,164,143	0	0	2,143,273	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	0.173881	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.446753	1,023,015	0	0	457,035	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.077865	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	0.486871	211,929	0	0	103,182	90.01
90.02	09002	IUSCC HEM/ONC	0.299279	32,101,634	0	0	9,607,345	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.280498	1,081,890	0	0	303,468	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2.731868	32,498	0	0	88,780	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.167519	4,030,534	0	0	675,191	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.279403	187,483	0	0	52,383	90.07
90.08	09008	MOTILITY LAB	0.322144	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.361404	2,713,573	0	0	980,696	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.113198	2,526,163	0	0	285,957	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	1.619264	430,946	0	0	697,815	90.17
90.18	09016	DERMATOLOGY CLINIC	0.251458	1,957,899	0	0	492,329	90.18
90.19	09017	INFUSION/HEM/ONC	0.872952	20,413	0	0	17,820	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.104360	770	0	0	80	90.21
90.22	09020	EATING DISORDERS CLINIC	0.749831	123,131	0	0	92,327	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.945919	302,452	0	0	890,999	90.23
90.24	09021	LIFE CARE CLINIC	226.376952	660	0	0	149,409	90.24
91.00	09100	EMERGENCY	0.101111	36,708,888	0	0	3,711,672	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.183548	9,384,267	0	0	1,722,463	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 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
95.00	09500	AMBULANCE SERVICES	0.212268	0	0	95.00
200.00		Subtotal (see instructions)	688,262,857	20,977	553,920	123,250,611
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00		Net Charges (line 200 - line 201)	688,262,857	20,977	553,920	123,250,611

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	2,383	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.	165	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	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	980	108,492	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			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	INFUSION 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
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
95.00   09500   AMBULANCE SERVICES	0		95.00
200.00   Subtotal (see instructions)	3,528	108,492	200.00
201.00   Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00   Net Charges (line 200 - line 201)	3,528	108,492	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 6/29/2021 2:46 pm			
			Component CCN: 15-S056	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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,155,492	1,042,110,163	0.022220	302,829	6,729	50.00
50.01	05001	ENDOSCOPY	311,512	31,830,772	0.009787	2,915	29	50.01
51.00	05100	RECOVERY ROOM	1,468,753	124,011,906	0.011844	382	5	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,248,790	54,676,551	0.022840	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,011,038	81,021,710	0.012479	179	2	53.00
53.01	05301	PULMONARY FUNCTION TESTING	564,760	33,096,245	0.017064	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,970,144	589,300,702	0.030494	58,759	1,792	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,632,581	174,115,481	0.020863	0	0	55.00
56.00	05600	RADIOISOTOPE	1,241,969	51,521,535	0.024106	3,222	78	56.00
59.00	05900	CARDIAC CATHETERIZATION	401,548	44,612,622	0.009001	215	2	59.00
60.00	06000	LABORATORY	8,805,628	514,073,335	0.017129	119,176	2,041	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	233,019	14,840,335	0.015702	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	262,386	107,666,370	0.002437	2,196	5	63.00
65.00	06500	RESPIRATORY THERAPY	1,703,356	168,019,048	0.010138	11,057	112	65.00
66.00	06600	PHYSICAL THERAPY	1,127,964	78,822,077	0.014310	28,442	407	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,954	20,734,695	0.004917	20,712	102	67.00
68.00	06800	SPEECH PATHOLOGY	642,108	24,364,804	0.026354	3,986	105	68.00
69.00	06900	ELECTROCARDIOLOGY	1,899,232	88,374,213	0.021491	9,387	202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,602,816	60,711,170	0.026401	9,973	263	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	774,628	343,431,888	0.002256	4,818	11	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,181,241	581,849,429	0.002030	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,173,285	1,708,857,728	0.001272	676,540	861	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	826,243	280,774,511	0.002943	0	0	73.03
74.00	07400	RENAL DIALYSIS	868,246	37,216,503	0.023330	16,464	384	74.00
76.00	03020	RH NBN ECMO IC	88,386	5,819,828	0.015187	0	0	76.00
76.01	03140	CARDIOLOGY	1,158,227	66,223,413	0.017490	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	45,746	1,376	33.245640	0	0	76.02
76.03	03950	CARDIAC CATH	2,759,970	149,997,760	0.018400	0	0	76.03
76.04	03951	DAY SURGERY	489,019	23,912,579	0.020450	2,546	52	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	150,769	22,654,703	0.006655	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	162,182	3,212,309	0.050488	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,575	3,713,276	0.002848	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	318,429	4,175,184	0.076267	0	0	90.01
90.02	09002	IUSCC HEM/ONC	2,703,309	120,972,095	0.022347	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	185,556	4,074,202	0.045544	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	187,222	719,937	0.26053	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	379,760	26,009,661	0.014601	5,946	87	90.06
90.07	09007	AMB SVC-RILEY CLINICS	986,846	22,082,225	0.044690	0	0	90.07
90.08	09008	MOTILITY LAB	55,017	1,053,965	0.052200	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	261,055	15,696,480	0.016631	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	12,989	5,742,426	0.002262	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDECS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	193,959	1,142,287	0.169799	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	150,680	7,299,012	0.020644	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	4,782	92,548	0.051670	0	0	90.19
90.20	09025	IUMG - MH	52,807	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	4,690	672,077	0.006978	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	17,019	3,164,882	0.005377	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	288,395	1,014,117	0.284380	0	0	90.23
90.24	09021	LIFE CARE CLINIC	120,790	12,166	9.928489	0	0	90.24
91.00	09100	EMERGENCY	3,290,457	597,020,714	0.005511	239,015	1,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	93,776,363	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	87,287,330	7,436,289,378		1,518,759	14,586	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm
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Cost Center Description	Title XVIII Subprovider - IPP					PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	530,788	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	75	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	580	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	5,469	53.00
53.01 05301 PULMONARY FUNCTION TESTING	0	0	0	0	19	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,903	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	145	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	30	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	64	59.00
60.00 06000 LABORATORY	0	0	0	0	612	60.00
60.01 06001 TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02 06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	19	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	1,538	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	64	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	4	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	115	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	3,344,316	73.00
73.03 07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00 07400 RENAL DIALYSIS	0	0	0	0	789	74.00
76.00 03020 RH NBN ECMO IC	0	0	0	0	43	76.00
76.01 03140 CARDIOLOGY	0	0	0	0	272	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	3	76.02
76.03 03950 CARDIAC CATH	0	0	0	0	398	76.03
76.04 03951 DAY SURGERY	0	0	0	0	98	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	2	76.97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	6	90.01
90.02 09002 IUSCC HEM/ONC	0	0	0	0	4,889	90.02
90.03 09003 AMB SVC-OPHTHALMOLOGY	0	0	0	0	3	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	6	90.06
90.07 09007 AMB SVC-RILEY CLINICS	0	0	0	0	637	90.07
90.08 09008 MOTILITY LAB	0	0	0	0	1	90.08
90.09 09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10 09010 CLINICAL GERIATRICS	0	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 INFUSION CLINIC	0	0	0	0	193	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	2	90.17
90.18 09016 DERMATOLOGY CLINIC	0	0	0	0	5	90.18
90.19 09017 INFUSION/HEM/ONC	0	0	0	0	50	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	2,673	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
200.00 Total (lines 50 through 199)	0	0	0	0	3,896,811	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	530,788	530,788	1,042,110,163	0.000509	50.00
50.01	05001	ENDOSCOPY	0	75	75	31,830,772	0.000002	50.01
51.00	05100	RECOVERY ROOM	0	580	580	124,011,906	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	54,676,551	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,469	5,469	81,021,710	0.000068	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	19	19	33,096,245	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,903	2,903	589,300,702	0.000005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	145	145	174,115,481	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	30	30	51,521,535	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	64	64	44,612,622	0.000001	59.00
60.00	06000	LABORATORY	0	612	612	514,073,335	0.000001	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	14,840,335	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	19	19	107,666,370	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,538	1,538	168,019,048	0.000009	65.00
66.00	06600	PHYSICAL THERAPY	0	64	64	78,822,077	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	20,734,695	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	4	4	24,364,804	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	115	115	88,374,213	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	60,711,170	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	343,431,888	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	581,849,429	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,344,316	3,344,316	1,708,857,728	0.001957	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	280,774,511	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	789	789	37,216,503	0.000021	74.00
76.00	03020	RH NBN ECMO IC	0	43	43	5,819,828	0.000007	76.00
76.01	03140	CARDIOLOGY	0	272	272	66,223,413	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3	3	1,376	0.002180	76.02
76.03	03950	CARDIAC CATH	0	398	398	149,997,760	0.000003	76.03
76.04	03951	DAY SURGERY	0	98	98	23,912,579	0.000004	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	22,654,703	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,212,309	0.000001	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	3,713,276	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	6	6	4,175,184	0.000001	90.01
90.02	09002	IUSCC HEM/ONC	0	4,889	4,889	120,972,095	0.000040	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	3	3	4,074,202	0.000001	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	719,937	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	6	6	26,009,661	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	637	637	22,082,225	0.000029	90.07
90.08	09008	MOTILITY LAB	0	1	1	1,053,965	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	15,696,480	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	193	193	5,742,426	0.000034	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	2	2	1,142,287	0.000002	90.17
90.18	09016	DERMATOLOGY CLINIC	0	5	5	7,299,012	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	50	50	92,548	0.000540	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	672,077	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,164,882	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	1,014,117	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	12,166	0.000000	90.24
91.00	09100	EMERGENCY	0	2,673	2,673	597,020,714	0.000004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	93,776,363	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
200.00	Total (lines 50 through 199)	0	3,896,811	3,896,811	7,436,289,378	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000509	302,829	154	0	0	50.00
50.01	05001 ENDOSCOPY	0.000002	2,915	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000005	382	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000068	179	0	0	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.000001	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000005	58,759	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000001	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000001	3,222	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000001	215	0	0	0	59.00
60.00	06000 LABORATORY	0.000001	119,176	0	0	0	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.000000	0	0	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.	0.000000	2,196	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000009	11,057	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000001	28,442	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	20,712	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	3,986	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000001	9,387	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	9,973	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,818	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001957	676,540	1,324	0	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0.000021	16,464	0	0	0	74.00
76.00	03020 RH NBN ECMO IC	0.000007	0	0	0	0	76.00
76.01	03140 RADIOLOGY	0.000004	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.002180	0	0	0	0	76.02
76.03	03950 CARDIAC CATH	0.000003	0	0	0	0	76.03
76.04	03951 DAY SURGERY	0.000004	2,546	0	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	0.000000	0	0	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0.000001	0	0	0	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0.000001	0	0	0	0	90.01
90.02	09002 IUSCC HEM/ONC	0.000040	0	0	0	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.000001	0	0	0	0	90.03
90.04	09004 AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SURGERY	0.000000	5,946	0	0	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.000029	0	0	0	0	90.07
90.08	09008 MOTILITY LAB	0.000001	0	0	0	0	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023 SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012 INFUSION CLINIC	0.000034	0	0	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	0.000002	0	0	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.000001	0	0	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.000540	0	0	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.000000	0	0	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	0.000000	0	0	0	0	90.23
90.24	09021 LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100 EMERGENCY	0.000004	239,015	1	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		1,518,759	1,479	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 1 Date/Time Prepared: 6/29/2021 2:46 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	16,653,237	0	16,653,237	236,269	70.48	30.00
31.00	INTENSIVE CARE UNIT	1,252,934		1,252,934	19,329	64.82	31.00
32.00	CORONARY CARE UNIT	2,138,695		2,138,695	17,786	120.25	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	2,641,260		2,641,260	29,108	90.74	32.01
33.00	BURN INTENSIVE CARE UNIT	440,544		440,544	1,841	239.30	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.02	UH SURG 61C	546,314		546,314	3,362	162.50	34.02
34.03	UH NS 31C	0		0	0	0.00	34.03
34.04	RH PED IC	1,420,950		1,420,950	8,677	163.76	34.04
34.05	TRANSPLANT ICU	322,615		322,615	2,057	156.84	34.05
34.06	PEDS CANCER CARE	845,673		845,673	3,348	252.59	34.06
40.00	SUBPROVIDER - IPF	590,021	0	590,021	4,294	137.41	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	31,198		31,198	4,092	7.62	43.00
200.00	Total (lines 30 through 199)	26,883,441		26,883,441	330,163		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	6,773	477,361	30.00
31.00	INTENSIVE CARE UNIT	8,723	565,425	31.00
32.00	CORONARY CARE UNIT	340	40,885	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	5,329	483,553	32.01
33.00	BURN INTENSIVE CARE UNIT	103	24,648	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.02	UH SURG 61C	0	0	34.02
34.03	UH NS 31C	0	0	34.03
34.04	RH PED IC	2,533	414,804	34.04
34.05	TRANSPLANT ICU	0	0	34.05
34.06	PEDS CANCER CARE	0	0	34.06
40.00	SUBPROVIDER - IPF	168	23,085	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	3,257	24,818	43.00
200.00	Total (lines 30 through 199)	27,226	2,054,579	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 6/29/2021 2:46 pm			
Cost Center Description			Capital Related Cost (from Wkst. B, Part I, 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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,155,492	1,042,110,163	0.022220	18,407,373	409,012	50.00
50.01	05001	ENDOSCOPY	311,512	31,830,772	0.009787	556,463	5,446	50.01
51.00	05100	RECOVERY ROOM	1,468,753	124,011,906	0.011844	1,271,317	15,057	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,248,790	54,676,551	0.022840	1,327,359	30,317	52.00
53.00	05300	ANESTHESIOLOGY	1,011,038	81,021,710	0.012479	1,631,488	20,359	53.00
53.01	05301	PULMONARY FUNCTION TESTING	564,760	33,096,245	0.017064	433,774	7,402	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,970,144	589,300,702	0.030494	9,438,999	287,833	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,632,581	174,115,481	0.020863	506,333	10,564	55.00
56.00	05600	RADIOISOTOPE	1,241,969	51,521,535	0.024106	99,264	2,393	56.00
59.00	05900	CARDIAC CATHETERIZATION	401,548	44,612,622	0.009001	67,572	608	59.00
60.00	06000	LABORATORY	8,805,628	514,073,335	0.017129	10,931,934	187,253	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	233,019	14,840,335	0.015702	96,365	1,513	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0.000000	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	262,386	107,666,370	0.002437	3,143,701	7,661	63.00
65.00	06500	RESPIRATORY THERAPY	1,703,356	168,019,048	0.010138	14,494,911	146,949	65.00
66.00	06600	PHYSICAL THERAPY	1,127,964	78,822,077	0.014310	1,864,945	26,687	66.00
67.00	06700	OCCUPATIONAL THERAPY	101,954	20,734,695	0.004917	970,217	4,771	67.00
68.00	06800	SPEECH PATHOLOGY	642,108	24,364,804	0.026354	679,495	17,907	68.00
69.00	06900	ELECTROCARDIOLOGY	1,899,232	88,374,213	0.021491	2,265,875	48,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,602,816	60,711,170	0.026401	2,519,665	66,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	774,628	343,431,888	0.002256	6,112,983	13,791	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,181,241	581,849,429	0.002030	11,650,459	23,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,173,285	1,708,857,728	0.001272	30,279,512	38,516	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	826,243	280,774,511	0.002943	0	0	73.03
74.00	07400	RENAL DIALYSIS	868,246	37,216,503	0.023330	799,548	18,653	74.00
76.00	03020	RH NBN ECMO IC	88,386	5,819,828	0.015187	673,311	10,226	76.00
76.01	03140	CARDIOLOGY	1,158,227	66,223,413	0.017490	195,708	3,423	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	45,746	1,376	33.245640	0	0	76.02
76.03	03950	CARDIAC CATH	2,759,970	149,997,760	0.018400	1,269,250	23,354	76.03
76.04	03951	DAY SURGERY	489,019	23,912,579	0.020450	36,240	741	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	150,769	22,654,703	0.006655	282,195	1,878	76.08
76.97	07697	CARDIAC REHABILITATION	162,182	3,212,309	0.050488	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	10,575	3,713,276	0.002848	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	318,429	4,175,184	0.076267	0	0	90.01
90.02	09002	IUSCC HEM/ONC	2,703,309	120,972,095	0.022347	27,277	610	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	185,556	4,074,202	0.045544	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	187,222	719,937	0.26053	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	379,760	26,009,661	0.014601	412,999	6,030	90.06
90.07	09007	AMB SVC-RILEY CLINICS	986,846	22,082,225	0.044690	30,415	1,359	90.07
90.08	09008	MOTILITY LAB	55,017	1,053,965	0.052200	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	1	0	0.000000	0	0	90.10
90.11	09023	SLEEP LAB	261,055	15,696,480	0.016631	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0.000000	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	INFUSION CLINIC	12,989	5,742,426	0.002262	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	193,959	1,142,287	0.169799	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	150,680	7,299,012	0.020644	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	4,782	92,548	0.051670	0	0	90.19
90.20	09025	IUMG - MH	52,807	0	0.000000	0	0	90.20
90.21	09019	OP REHAB CLINIC	4,690	672,077	0.006978	1,298	9	90.21
90.22	09020	EATING DISORDERS CLINIC	17,019	3,164,882	0.005377	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	288,395	1,014,117	0.284380	385	109	90.23
90.24	09021	LIFE CARE CLINIC	120,790	12,166	9.928489	0	0	90.24
91.00	09100	EMERGENCY	3,290,457	597,020,714	0.005511	6,250,366	34,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	979,872	93,776,363	0.010449	51,696	540	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	88,267,202	7,436,289,378		128,780,692	1,474,285	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			SP Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 6/29/2021 2:46 pm		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	PPS		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	578,819	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	50,653	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	49,070	0	32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	76,722	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,831	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	9,040	0	34.02	
34.03	03402	UH NS 31C	0	0	0	0	0	34.03	
34.04	03403	RH PEDIC	0	0	0	23,738	0	34.04	
34.05	03404	TRANSPLANT ICU	0	0	0	5,531	0	34.05	
34.06	03407	PEDS CANCER CARE	0	0	0	8,959	0	34.06	
40.00	04000	SUBPROVIDER - IPF	0	0	0	10,979	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	10,462	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	828,804	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	578,819	236,269	2.45	6,773	30.00	
31.00	03100	INTENSIVE CARE UNIT		50,653	19,329	2.62	8,723	31.00	
32.00	03200	CORONARY CARE UNIT		49,070	17,786	2.76	340	32.00	
32.01	03201	NEONATAL INTENSIVE CARE UNIT		76,722	29,108	2.64	5,329	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		4,831	1,841	2.62	103	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.02	03401	UH SURG 61C		9,040	3,362	2.69	0	34.02	
34.03	03402	UH NS 31C		0	0	0.00	0	34.03	
34.04	03403	RH PEDIC		23,738	8,677	2.74	2,533	34.04	
34.05	03404	TRANSPLANT ICU		5,531	2,057	2.69	0	34.05	
34.06	03407	PEDS CANCER CARE		8,959	3,348	2.68	0	34.06	
40.00	04000	SUBPROVIDER - IPF	0	10,979	4,294	2.56	168	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY		10,462	4,092	2.56	3,257	43.00	
200.00		Total (lines 30 through 199)		828,804	330,163		27,226	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	16,594						30.00
31.00	03100	INTENSIVE CARE UNIT	22,854						31.00
32.00	03200	CORONARY CARE UNIT	938						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	14,069						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	270						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.02	03401	UH SURG 61C	0						34.02
34.03	03402	UH NS 31C	0						34.03
34.04	03403	RH PEDIC	6,940						34.04
34.05	03404	TRANSPLANT ICU	0						34.05
34.06	03407	PEDS CANCER CARE	0						34.06
40.00	04000	SUBPROVIDER - IPF	430						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	8,338						43.00
200.00		Total (lines 30 through 199)	70,433						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allyied Health Post-Stepdown Adjustments	Hospital	Allyied Health PPS
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	530,788	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	75	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	580	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	5,469	53.00
53.01	05301 PULMONARY FUNCTION TESTING	0	0	0	0	19	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	2,903	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	145	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	30	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	64	59.00
60.00	06000 LABORATORY	0	0	0	0	612	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	19	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	1,538	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	64	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	4	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	115	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	3,344,316	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400 RENAL DIALYSIS	0	0	0	0	789	74.00
76.00	03020 RH NBN ECMO IC	0	0	0	0	43	76.00
76.01	03140 CARDIOLOGY	0	0	0	0	272	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	3	76.02
76.03	03950 CARDIAC CATH	0	0	0	0	398	76.03
76.04	03951 DAY SURGERY	0	0	0	0	98	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	2	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	6	90.01
90.02	09002 IUSCC HEM/ONC	0	0	0	0	4,889	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0	0	0	0	3	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	6	90.06
90.07	09007 AMB SVC-RILEY CLINICS	0	0	0	0	637	90.07
90.08	09008 MOTILITY LAB	0	0	0	0	1	90.08
90.09	09009 AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010 CLINICAL GERIATRICS	0	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 INFUSION CLINIC	0	0	0	0	193	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	2	90.17
90.18	09016 DERMATOLOGY CLINIC	0	0	0	0	5	90.18
90.19	09017 INFUSION/HEM/ONC	0	0	0	0	50	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	2,673	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	34,064	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
200.00	Total (lines 50 through 199)	0	0	0	0	3,930,875	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm		
Cost Center Description		Title XIX		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	530,788	530,788	1,042,110,163	0.000509	50.00
50.01	05001	ENDOSCOPY	0	75	75	31,830,772	0.000002	50.01
51.00	05100	RECOVERY ROOM	0	580	580	124,011,906	0.000005	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	54,676,551	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	5,469	5,469	81,021,710	0.000068	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	19	19	33,096,245	0.000001	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,903	2,903	589,300,702	0.000005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	145	145	174,115,481	0.000001	55.00
56.00	05600	RADIOISOTOPE	0	30	30	51,521,535	0.000001	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	64	64	44,612,622	0.000001	59.00
60.00	06000	LABORATORY	0	612	612	514,073,335	0.000001	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	14,840,335	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	19	19	107,666,370	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,538	1,538	168,019,048	0.000009	65.00
66.00	06600	PHYSICAL THERAPY	0	64	64	78,822,077	0.000001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	20,734,695	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	4	4	24,364,804	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	115	115	88,374,213	0.000001	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	60,711,170	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	343,431,888	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	581,849,429	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,344,316	3,344,316	1,708,857,728	0.001957	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	280,774,511	0.000000	73.03
74.00	07400	RENAL DIALYSIS	0	789	789	37,216,503	0.000021	74.00
76.00	03020	RH NBN ECMO IC	0	43	43	5,819,828	0.000007	76.00
76.01	03140	CARDIOLOGY	0	272	272	66,223,413	0.000004	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3	3	1,376	0.002180	76.02
76.03	03950	CARDIAC CATH	0	398	398	149,997,760	0.000003	76.03
76.04	03951	DAY SURGERY	0	98	98	23,912,579	0.000004	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0.000000	76.05
76.06	03952	DAY SURGERY-RILEY	0	0	0	0	0.000000	76.06
76.07	03953	CARDIOLOGY-RILEY	0	0	0	0	0.000000	76.07
76.08	03954	ECMO-ADULT	0	0	0	22,654,703	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	2	2	3,212,309	0.000001	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	3,713,276	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	0	6	6	4,175,184	0.000001	90.01
90.02	09002	IUSCC HEM/ONC	0	4,889	4,889	120,972,095	0.000040	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0	3	3	4,074,202	0.000001	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	719,937	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	0	6	6	26,009,661	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	637	637	22,082,225	0.000029	90.07
90.08	09008	MOTILITY LAB	0	1	1	1,053,965	0.000001	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0.000000	90.10
90.11	09023	SLEEP LAB	0	0	0	15,696,480	0.000000	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0.000000	90.13
90.14	09012	INFUSION CLINIC	0	193	193	5,742,426	0.000034	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	0	2	2	1,142,287	0.000002	90.17
90.18	09016	DERMATOLOGY CLINIC	0	5	5	7,299,012	0.000001	90.18
90.19	09017	INFUSION/HEM/ONC	0	50	50	92,548	0.000540	90.19
90.20	09025	IUMG - MH	0	0	0	0	0.000000	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	672,077	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	3,164,882	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	1,014,117	0.000000	90.23
90.24	09021	LIFE CARE CLINIC	0	0	0	12,166	0.000000	90.24
91.00	09100	EMERGENCY	0	2,673	2,673	597,020,714	0.000004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	34,064	34,064	93,776,363	0.000363	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
200.00	Total (lines 50 through 199)	0	3,930,875	3,930,875	7,436,289,378	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.000509	18,407,373	9,369	0	0	50.00
50.01	05001	ENDOSCOPY	0.000002	556,463	1	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000005	1,271,317	6	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,327,359	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000068	1,631,488	111	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.000001	433,774	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000005	9,438,999	47	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000001	506,333	1	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000001	99,264	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000001	67,572	0	0	0	59.00
60.00	06000	LABORATORY	0.000001	10,931,934	11	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.000000	96,365	0	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.	0.000000	3,143,701	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000009	14,494,911	130	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000001	1,864,945	2	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	970,217	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	679,495	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000001	2,265,875	2	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,519,665	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,112,983	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,650,459	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001957	30,279,512	59,257	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.000000	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.000021	799,548	17	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.000007	673,311	5	0	0	76.00
76.01	03140	CARDIOLOGY	0.000004	195,708	1	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.002180	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.000003	1,269,250	4	0	0	76.03
76.04	03951	DAY SURGERY	0.000004	36,240	0	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.000000	282,195	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000001	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	0.000001	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.000040	27,277	1	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.000001	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.000000	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.000000	412,999	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.000029	30,415	1	0	0	90.07
90.08	09008	MOTILITY LAB	0.000001	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.000000	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.000034	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDI CS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0.000002	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.000001	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.000540	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.000000	1,298	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.000000	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0.000000	385	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	0.000000	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.000004	6,250,366	25	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000363	51,696	19	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		128,780,692	69,010	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.116225	0	9,720,207	0	50.00
50.01	05001	ENDOSCOPY	0.120656	0	88,151	0	50.01
51.00	05100	RECOVERY ROOM	0.148577	0	2,379,992	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257942	0	386,683	0	52.00
53.00	05300	ANESTHESIOLOGY	0.105956	0	857,334	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.205532	0	1,396,232	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149359	0	6,615,335	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085654	0	3,014,822	0	55.00
56.00	05600	RADIOISOTOPE	0.083765	0	321,703	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076741	0	21,754	0	59.00
60.00	06000	LABORATORY	0.159397	0	5,654,461	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.228154	0	157,092	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.160931	0	407,774	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.231758	0	325,088	0	65.00
66.00	06600	PHYSICAL THERAPY	0.440245	0	930,012	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336619	0	368,343	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.381488	0	824,134	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088402	0	1,289,259	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202152	0	1,526,330	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267218	0	2,653,393	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241447	0	3,142,803	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195863	0	26,852,422	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.945878	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.261546	0	34,740	0	74.00
76.00	03020	RH NBN ECMO IC	0.356150	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.068258	0	274,983	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,465.982558	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.099177	0	1,566,076	0	76.03
76.04	03951	DAY SURGERY	0.347700	0	208,414	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.173881	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.446753	0	11,385	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.077865	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.486871	0	58,954	0	90.01
90.02	09002	IUSCC HEM/ONC	0.299279	0	1,176,813	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.280498	0	63,342	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2.731868	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.167519	0	187,021	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.279403	0	1,400,158	0	90.07
90.08	09008	MOTILITY LAB	0.322144	0	173,394	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	90.10
90.11	09023	SLEEP LAB	0.361404	0	323,335	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.113198	0	38,092	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.619264	0	12,941	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.251458	0	59,961	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.872952	0	116	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.104360	0	247,465	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.749831	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.945919	0	15,303	0	90.23
90.24	09021	LIFE CARE CLINIC	226.376952	0	359	0	90.24
91.00	09100	EMERGENCY	0.101111	0	14,320,227	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.183548	0	4,373,278	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 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
95.00	09500	AMBULANCE SERVICES	0	10,230,562		95.00
200.00		Subtotal (see instructions)	0	103,710,243	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	103,710,243	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	1,129,731	0	50.00
50.01	05001 ENDOSCOPY	10,636	0	50.01
51.00	05100 RECOVERY ROOM	353,612	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	99,742	0	52.00
53.00	05300 ANESTHESIOLOGY	90,840	0	53.00
53.01	05301 PULMONARY FUNCTION TESTING	286,970	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	988,060	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	258,232	0	55.00
56.00	05600 RADIOISOTOPE	26,947	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,669	0	59.00
60.00	06000 LABORATORY	901,304	0	60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	35,841	0	60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0	0	60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	65,623	0	63.00
65.00	06500 RESPIRATORY THERAPY	75,342	0	65.00
66.00	06600 PHYSICAL THERAPY	409,433	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	123,991	0	67.00
68.00	06800 SPEECH PATHOLOGY	314,397	0	68.00
69.00	06900 ELECTROCARDIOLOGY	113,973	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	308,551	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	709,034	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	758,820	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,259,396	0	73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0	0	73.03
74.00	07400 RENAL DIALYSIS	9,086	0	74.00
76.00	03020 RH NBN ECMO IC	0	0	76.00
76.01	03140 CARDIOLOGY	18,770	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	03950 CARDIAC CATH	155,319	0	76.03
76.04	03951 DAY SURGERY	72,466	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	5,086	0	76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 AMB SVC-OB & GYN	28,703	0	90.01
90.02	09002 IUSCC HEM/ONC	352,195	0	90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	17,767	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	31,330	0	90.06
90.07	09007 AMB SVC-RILEY CLINICS	391,208	0	90.07
90.08	09008 MOTILITY LAB	55,858	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	116,855	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 INFUSION CLINIC	4,312	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	20,955	0	90.17
90.18	09016 DERMATOLOGY CLINIC	15,078	0	90.18
90.19	09017 INFUSION/HEM/ONC	101	0	90.19
90.20	09025 IUMG - MH	0	0	90.20
90.21	09019 OP REHAB CLINIC	25,825	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	45,081	0	90.23
90.24	09021 LIFE CARE CLINIC	81,269	0	90.24
91.00	09100 EMERGENCY	1,447,932	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	802,706	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 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		
95.00   09500   AMBULANCE SERVICES	2,171,621			95.00
200.00   Subtotal (see instructions)	18,191,667	0		200.00
201.00   Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00   Net Charges (line 200 - line 201)	18,191,667	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 pm			
			Title XIX		Subprovider - IPF			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.116225	0	179,726	0	0	50.00
50.01	05001	ENDOSCOPY	0.120656	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.148577	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257942	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.105956	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.205532	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149359	0	13,888	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085654	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.083765	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076741	0	0	0	0	59.00
60.00	06000	LABORATORY	0.159397	0	270	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.228154	0	0	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.	0.160931	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.231758	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.440245	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336619	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.381488	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088402	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202152	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267218	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241447	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195863	0	32,156	0	0	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.945878	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.261546	0	0	0	0	74.00
76.00	03020	RH NBN ECMO IC	0.356150	0	0	0	0	76.00
76.01	03140	CARDIOLOGY	0.068258	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,465.982558	0	0	0	0	76.02
76.03	03950	CARDIAC CATH	0.099177	0	0	0	0	76.03
76.04	03951	DAY SURGERY	0.347700	0	64,904	0	0	76.04
76.05	03480	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03952	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03953	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03954	ECMO-ADULT	0.173881	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.446753	0	0	0	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.077865	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.486871	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.299279	0	0	0	0	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.280498	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2.731868	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.167519	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.279403	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.322144	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0.000000	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.361404	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	INFUSION CLINIC	0.113198	0	0	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	1.619264	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.251458	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.872952	0	0	0	0	90.19
90.20	09025	IUMG - MH	0.000000	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0.104360	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.749831	0	15,844	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	2.945919	0	0	0	0	90.23
90.24	09021	LIFE CARE CLINIC	226.376952	0	0	0	0	90.24
91.00	09100	EMERGENCY	0.101111	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.183548	0	5,331	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0056

Period:

Worksheet D

Component CCN: 15-S056

From 01/01/2020

Part V

To 12/31/2020

Date/Time Prepared:

6/29/2021 2:46 pm

Title XIX

Subprovider - IPF

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
95.00   09500   AMBULANCE SERVICES	0.212268		0			95.00
200.00   Subtotal (see instructions)		0	312,119	0		200.00
201.00   Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00   Net Charges (line 200 - line 201)		0	312,119	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 pm
Title XIX		Subprovider - IPF	

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	20,889	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	2,074	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	43	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	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,298	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	22,567	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
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				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 INFUSION 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	11,880	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	978	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/29/2021 2:46 pm
		Title XIX	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
95.00   09500   AMBULANCE SERVICES	0		95.00
200.00   Subtotal (see instructions)	64,729	0	200.00
201.00   Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00   Net Charges (line 200 - line 201)	64,729	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		236,269	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		236,269	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)		222,367	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) (see instructions)		54,179	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
<b>SWING BED ADJUSTMENT</b>				
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)		292,531,138	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)		292,531,138	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		292,531,138	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,238.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		67,080,645	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)		67,080,645	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 6/29/2021 2: 46 pm		
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)	PPS	
		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	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00	INTENSIVE CARE UNIT	31,324,881	19,329	1,620.62	5,779	9,365,563	43.00	
44.00	CORONARY CARE UNIT	35,487,841	17,786	1,995.27	4,082	8,144,692	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	41,759,157	29,108	1,434.63	0	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	4,454,435	1,841	2,419.57	3	7,259	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
46.02	UH SURG 61C	7,979,678	3,362	2,373.49	1,146	2,720,020	46.02	
46.03	UH NS 31C	0	0	0.00	0	0	46.03	
46.04	RH PED IC	19,212,380	8,677	2,214.17	37	81,924	46.04	
46.05	TRANSPLANT ICU	4,494,597	2,057	2,185.03	712	1,555,741	46.05	
46.06	PEDS CANCER CARE	5,939,310	3,348	1,773.99	149	264,325	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					144,131,327	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					233,351,496	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and II)					90,952	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts I and IV)					10,090,732	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					15,281,684	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					218,069,812	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)					13,902	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,238.13	88.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						17,212,483 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		
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00 Capital-related cost	16,653,237	292,531,138	0.056928	17,212,483	979,872	90.00	
91.00 Nursing School cost	0	292,531,138	0.000000	17,212,483	0	91.00	
92.00 Allied health cost	578,819	292,531,138	0.001979	17,212,483	34,064	92.00	
93.00 All other Medical Education	0	292,531,138	0.000000	17,212,483	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm
Cost Center Description		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,294 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,294 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)			4,294 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) (see instructions)			1,240 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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			7,437,947 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			7,437,947 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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, 437,947 minus line 36)			7,437,947 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,732.17 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,147,891 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,147,891 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm	
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
<b>Intensive Care Type Inpatient Hospital Units</b>							
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)	0	0	0.00	0	0	47.00
<b>Cost Center Description</b>						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					254,608	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,402,499	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					73,562	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,065	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					189,627	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,212,872	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description		Title XVIII		Subprovider - IPF		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00 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		
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00 Capital-related cost	590,021	7,437,947	0.079326	0	0	0	90.00
91.00 Nursing School cost	0	7,437,947	0.000000	0	0	0	91.00
92.00 Allied health cost	10,979	7,437,947	0.001476	0	0	0	92.00
93.00 All other Medical Education	0	7,437,947	0.000000	0	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm
Cost Center Description		Title XIX	Hospital	PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		236,269	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		236,269	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)		222,367	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) (see instructions)		6,773	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)		4,092	15.00
16.00	Nursery days (title V or XIX only)		3,257	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		292,531,138	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)		292,531,138	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		292,531,138	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,238.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,385,854	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)		8,385,854	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm		
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)	PPS	
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	2,430,399	4,092	593.94	3,257	1,934,463	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00	INTENSIVE CARE UNIT	31,324,881	19,329	1,620.62	8,723	14,136,668	43.00	
44.00	CORONARY CARE UNIT	35,487,841	17,786	1,995.27	340	678,392	44.00	
44.01	NEONATAL INTENSIVE CARE UNIT	41,759,157	29,108	1,434.63	5,329	7,645,143	44.01	
45.00	BURN INTENSIVE CARE UNIT	4,454,435	1,841	2,419.57	103	249,216	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
46.02	UH SURG 61C	7,979,678	3,362	2,373.49	0	0	46.02	
46.03	UH NS 31C	0	0	0.00	0	0	46.03	
46.04	RH PED IC	19,212,380	8,677	2,214.17	2,533	5,608,493	46.04	
46.05	TRANSPLANT ICU	4,494,597	2,057	2,185.03	0	0	46.05	
46.06	PEDS CANCER CARE	5,939,310	3,348	1,773.99	0	0	46.06	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,968,254	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					62,606,483	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and II)					01,497	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts III and IV)					543,295	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,644,792	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,961,691	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)					13,902	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,238.13	88.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description		Title XIX		Hospital		PPS	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						17,212,483 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		
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00 Capital-related cost	16,653,237	292,531,138	0.056928	17,212,483	979,872	90.00	
91.00 Nursing School cost	0	292,531,138	0.000000	17,212,483	0	91.00	
92.00 Allied health cost	578,819	292,531,138	0.001979	17,212,483	34,064	92.00	
93.00 All other Medical Education	0	292,531,138	0.000000	17,212,483	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm
Cost Center Description		Title XIX	Subprovider - IPF	
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,294 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,294 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)			4,294 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) (see instructions)			168 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)			4,092 15.00
16.00	Nursery days (title V or XIX only)			3,257 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			7,437,947 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			7,437,947 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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, 437,947 minus line 36)			7,437,947 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,732.17 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			291,005 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)			291,005 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm	
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
<b>Intensive Care Type Inpatient Hospital Units</b>							
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)	0	0	0.00	0	0	47.00
<b>Cost Center Description</b>						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					59,213	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					350,218	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					23,515	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					23,515	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					326,703	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0056 Component CCN: 15-S056		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 6/29/2021 2:46 pm		
		Title XIX		Subprovider - IPF				
Cost Center Description							1.00	
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	0	0	0.000000	0	0	90.00	
91.00	Nursing School cost	0	0	0.000000	0	0	91.00	
92.00	Allied health cost	0	0	0.000000	0	0	92.00	
93.00	All other Medical Education	0	0	0.000000	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3	
		Title XVIII		Hospital	
				Date/Time Prepared: 6/29/2021 2:46 pm	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		197,991,637	30.00
31.00	03100	INTENSIVE CARE UNIT		39,384,527	31.00
32.00	03200	CORONARY CARE UNIT		25,380,957	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		21,186	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 61C		7,701,676	34.02
34.03	03402	UH NS 31C		0	34.03
34.04	03403	RH PEDIC		250,438	34.04
34.05	03404	TRANSPLANT ICU		4,437,052	34.05
34.06	03407	PEDS CANCER CARE		597,651	34.06
40.00	04000	SUBPROVIDER - IPF		192,127	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116225	159,363,250	50.00
50.01	05001	ENDOSCOPY	0.120656	6,925,063	50.01
51.00	05100	RECOVERY ROOM	0.148577	11,115,300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257942	562,403	52.00
53.00	05300	ANESTHESIOLOGY	0.105956	11,862,968	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.205532	167,864	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149359	68,365,745	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085654	3,186,562	55.00
56.00	05600	RADIOISOTOPE	0.083765	1,900,210	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076741	5,363,860	59.00
60.00	06000	LABORATORY	0.159397	64,166,295	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.228154	876,011	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.160931	17,190,572	63.00
65.00	06500	RESPIRATORY THERAPY	0.231758	28,599,502	65.00
66.00	06600	PHYSICAL THERAPY	0.440245	12,379,172	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336619	3,065,898	67.00
68.00	06800	SPEECH PATHOLOGY	0.381488	2,348,000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088402	11,228,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202152	6,698,786	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267218	54,277,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241447	113,893,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195863	147,756,834	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.945878	0	73.03
74.00	07400	RENAL DIALYSIS	0.261546	8,342,046	74.00
76.00	03020	RH NBN ECMO IC	0.356150	44,023	76.00
76.01	03140	CARDIOLOGY	0.068258	6,248,862	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.465982558	0	76.02
76.03	03950	CARDIAC CATH	0.099177	14,522,146	76.03
76.04	03951	DAY SURGERY	0.347700	276,727	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	0.173881	3,705,783	76.08
76.97	07697	CARDIAC REHABILITATION	0.446753	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.077865	132,617	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.486871	2,882	90.01
90.02	09002	IUSCC HEM/ONC	0.299279	322,497	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.280498	83	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2.731868	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.167519	3,986,202	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.279403	12,239	90.07
90.08	09008	MOTILITY LAB	0.322144	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	0.361404	5,063	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012	INFUSION CLINIC	0.113198	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	90.15
90.16	09014	ORTHOPEDECS UH	0.000000	0	90.16



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 6/29/2021 2:46 pm	
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	
90.17	09015 PHYSICAL MEDICINE	1.619264	2,616	4,236	90.17
90.18	09016 DERMATOLOGY CLINIC	0.251458	1,162	292	90.18
90.19	09017 INFUSION/HEM/ONC	0.872952	83	72	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.104360	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.749831	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.945919	2,515	7,409	90.23
90.24	09021 LIFE CARE CLINIC	226.376952	83	18,789	90.24
91.00	09100 EMERGENCY	0.101111	42,871,472	4,334,777	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.183548	308,294	56,587	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		812,080,673	144,131,327	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)		812,080,673		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 6/29/2021 2:46 pm
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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 61C		0	34.02
34.03	03402 UH NS 31C		0	34.03
34.04	03403 RH PED IC		0	34.04
34.05	03404 TRANSPLANT ICU		0	34.05
34.06	03407 PEDS CANCER CARE		0	34.06
40.00	04000 SUBPROVIDER - IPF		3,375,814	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.116225	302,829	35,196 50.00
50.01	05001 ENDOSCOPY	0.120656	2,915	352 50.01
51.00	05100 RECOVERY ROOM	0.148577	382	57 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.257942	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.105956	179	19 53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.205532	0	0 53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.149359	58,759	8,776 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.085654	0	0 55.00
56.00	05600 RADIOISOTOPE	0.083765	3,222	270 56.00
59.00	05900 CARDIAC CATHETERIZATION	0.076741	215	16 59.00
60.00	06000 LABORATORY	0.159397	119,176	18,996 60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.228154	0	0 60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0 60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.160931	2,196	353 63.00
65.00	06500 RESPIRATORY THERAPY	0.231758	11,057	2,563 65.00
66.00	06600 PHYSICAL THERAPY	0.440245	28,442	12,521 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.336619	20,712	6,972 67.00
68.00	06800 SPEECH PATHOLOGY	0.381488	3,986	1,521 68.00
69.00	06900 ELECTROCARDIOLOGY	0.088402	9,387	830 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.202152	9,973	2,016 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.267218	4,818	1,287 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.241447	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195863	676,540	132,509 73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.945878	0	0 73.03
74.00	07400 RENAL DIALYSIS	0.261546	16,464	4,306 74.00
76.00	03020 RH NBN ECMO IC	0.356150	0	0 76.00
76.01	03140 RADIOLOGY	0.068258	0	0 76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.465.982558	0	0 76.02
76.03	03950 CARDIAC CATH	0.099177	0	0 76.03
76.04	03951 DAY SURGERY	0.347700	2,546	885 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 RADIOLOGY-RILEY	0.000000	0	0 76.07
76.08	03954 ECMO-ADULT	0.173881	0	0 76.08
76.97	07697 CARDIAC REHABILITATION	0.446753	0	0 76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1.077865	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	0.486871	0	0 90.01
90.02	09002 IUSCC HEM/ONC	0.299279	0	0 90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.280498	0	0 90.03
90.04	09004 AMB SVC-PSYCH ADULT	2.731868	0	0 90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0 90.05
90.06	09006 OUTPATIENT SURGERY	0.167519	5,946	996 90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.279403	0	0 90.07
90.08	09008 MOTILITY LAB	0.322144	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	0.361404	0	0 90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0 90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0 90.13
90.14	09012 INFUSION CLINIC	0.113198	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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 6/29/2021 2:46 pm	
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	
90.17	09015 PHYSICAL MEDICINE	1.619264	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.251458	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.872952	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.104360	0	0	90.21
90.22	09020 EATING DISORDERS CLINIC	0.749831	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.945919	0	0	90.23
90.24	09021 LIFE CARE CLINIC	226.376952	0	0	90.24
91.00	09100 EMERGENCY	0.101111	239,015	24,167	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.183548	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,518,759	254,608	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)		1,518,759		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 6/29/2021 2:46 pm	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		36,552,150	30.00
31.00	03100	INTENSIVE CARE UNIT		4,433,250	31.00
32.00	03200	CORONARY CARE UNIT		4,040,894	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		26,486,518	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		807,082	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.02	03401	UH SURG 61C		504,237	34.02
34.03	03402	UH NS 31C		0	34.03
34.04	03403	RH PED IC		8,951,471	34.04
34.05	03404	TRANSPLANT ICU		374,286	34.05
34.06	03407	PEDS CANCER CARE		805,530	34.06
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		1,364,824	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.116225	18,407,373	50.00
50.01	05001	ENDOSCOPY	0.120656	556,463	50.01
51.00	05100	RECOVERY ROOM	0.148577	1,271,317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257942	1,327,359	52.00
53.00	05300	ANESTHESIOLOGY	0.105956	1,631,488	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.205532	433,774	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.149359	9,438,999	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.085654	506,333	55.00
56.00	05600	RADIOISOTOPE	0.083765	99,264	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076741	67,572	59.00
60.00	06000	LABORATORY	0.159397	10,931,934	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.228154	96,365	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.000000	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.160931	3,143,701	63.00
65.00	06500	RESPIRATORY THERAPY	0.231758	14,494,911	65.00
66.00	06600	PHYSICAL THERAPY	0.440245	1,864,945	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.336619	970,217	67.00
68.00	06800	SPEECH PATHOLOGY	0.381488	679,495	68.00
69.00	06900	ELECTROCARDIOLOGY	0.088402	2,265,875	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202152	2,519,665	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267218	6,112,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.241447	11,650,459	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195863	30,279,512	73.00
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.945878	0	73.03
74.00	07400	RENAL DIALYSIS	0.261546	799,548	74.00
76.00	03020	RH NBN ECMO IC	0.356150	673,311	76.00
76.01	03140	CARDIOLOGY	0.068258	195,708	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.465.982558	0	76.02
76.03	03950	CARDIAC CATH	0.099177	1,269,250	76.03
76.04	03951	DAY SURGERY	0.347700	36,240	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	0.173881	282,195	76.08
76.97	07697	CARDIAC REHABILITATION	0.446753	0	76.97
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1.077865	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.486871	0	90.01
90.02	09002	IUSCC HEM/ONC	0.299279	27,277	90.02
90.03	09003	AMB SVC-OPHTHALMOLOGY	0.280498	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2.731868	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.167519	412,999	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.279403	30,415	90.07
90.08	09008	MOTILITY LAB	0.322144	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	0.361404	0	90.11
90.12	09024	OP CARE ADULTS	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	90.13
90.14	09012	INFUSION CLINIC	0.113198	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	90.15
90.16	09014	ORTHOPEDECS UH	0.000000	0	90.16

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 6/29/2021 2:46 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	
90.17	09015 PHYSICAL MEDICINE	1.619264	0	0	90.17
90.18	09016 DERMATOLOGY CLINIC	0.251458	0	0	90.18
90.19	09017 INFUSION/HEM/ONC	0.872952	0	0	90.19
90.20	09025 IUMG - MH	0.000000	0	0	90.20
90.21	09019 OP REHAB CLINIC	0.104360	1,298	135	90.21
90.22	09020 EATING DISORDERS CLINIC	0.749831	0	0	90.22
90.23	09018 GASTROENTEROLOGY CLINIC	2.945919	385	1,134	90.23
90.24	09021 LIFE CARE CLINIC	226.376952	0	0	90.24
91.00	09100 EMERGENCY	0.101111	6,250,366	631,981	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.183548	51,696	9,489	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		128,780,692	23,968,254	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)		128,780,692		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 6/29/2021 2:46 pm
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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 61C		0	34.02
34.03	03402 UH NS 31C		0	34.03
34.04	03403 RH PED IC		0	34.04
34.05	03404 TRANSPLANT ICU		0	34.05
34.06	03407 PEDS CANCER CARE		0	34.06
40.00	04000 SUBPROVIDER - IPF		488,750	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.116225	84,442	9,814 50.00
50.01	05001 ENDOSCOPY	0.120656	0	0 50.01
51.00	05100 RECOVERY ROOM	0.148577	3,904	580 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.257942	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.105956	0	0 53.00
53.01	05301 PULMONARY FUNCTION TESTING	0.205532	0	0 53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.149359	11,023	1,646 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.085654	0	0 55.00
56.00	05600 RADIOISOTOPE	0.083765	0	0 56.00
59.00	05900 CARDIAC CATHETERIZATION	0.076741	0	0 59.00
60.00	06000 LABORATORY	0.159397	22,991	3,665 60.00
60.01	06001 TRANSPLANT IMMUNOLOGY	0.228154	0	0 60.01
60.02	06002 BONE MARROW TRANSPLANT LAB	0.000000	0	0 60.02
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.160931	117	19 63.00
65.00	06500 RESPIRATORY THERAPY	0.231758	1,820	422 65.00
66.00	06600 PHYSICAL THERAPY	0.440245	3,205	1,411 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.336619	501	169 67.00
68.00	06800 SPEECH PATHOLOGY	0.381488	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.088402	888	79 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.202152	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.267218	7,504	2,005 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.241447	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195863	159,891	31,317 73.00
73.03	07303 OUTPATIENT RETAIL PHARMACY	0.945878	0	0 73.03
74.00	07400 RENAL DIALYSIS	0.261546	0	0 74.00
76.00	03020 RH NBN ECMO IC	0.356150	0	0 76.00
76.01	03140 RADIOLOGY	0.068258	0	0 76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,465.982558	0	0 76.02
76.03	03950 CARDIAC CATH	0.099177	0	0 76.03
76.04	03951 DAY SURGERY	0.347700	1,464	509 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 RADIOLOGY-RILEY	0.000000	0	0 76.07
76.08	03954 ECMO-ADULT	0.173881	0	0 76.08
76.97	07697 CARDIAC REHABILITATION	0.446753	0	0 76.97
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1.077865	0	0 77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 AMB SVC-OB & GYN	0.486871	0	0 90.01
90.02	09002 IUSCC HEM/ONC	0.299279	0	0 90.02
90.03	09003 AMB SVC-OPHTHALMOLOGY	0.280498	0	0 90.03
90.04	09004 AMB SVC-PSYCH ADULT	2.731868	0	0 90.04
90.05	09005 AMB SVC-DIABETES ADULT	0.000000	0	0 90.05
90.06	09006 OUTPATIENT SURGERY	0.167519	0	0 90.06
90.07	09007 AMB SVC-RILEY CLINICS	0.279403	0	0 90.07
90.08	09008 MOTILITY LAB	0.322144	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	0.361404	0	0 90.11
90.12	09024 OP CARE ADULTS	0.000000	0	0 90.12
90.13	09011 PEDIATRIC CLINIC	0.000000	0	0 90.13
90.14	09012 INFUSION CLINIC	0.113198	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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 6/29/2021 2:46 pm
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
90.17	09015 PHYSICAL MEDICINE	1.619264	0	0
90.18	09016 DERMATOLOGY CLINIC	0.251458	0	0
90.19	09017 INFUSION/HEM/ONC	0.872952	0	0
90.20	09025 IUMG - MH	0.000000	0	0
90.21	09019 OP REHAB CLINIC	0.104360	0	0
90.22	09020 EATING DISORDERS CLINIC	0.749831	0	0
90.23	09018 GASTROENTEROLOGY CLINIC	2.945919	0	0
90.24	09021 LIFE CARE CLINIC	226.376952	0	0
91.00	09100 EMERGENCY	0.101111	71,276	7,207
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.183548	2,016	370
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		371,042	59,213
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00	Net charges (line 200 minus line 201)		371,042	201.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4			
		Component CCN:		Date/Time Prepared: 6/29/2021 2: 46 pm			
		Kidney	Hospital	PPS			
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		
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
<b>Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition</b>							
1.00	ADULTS & PEDIATRICS	38.00	401,832	1,238.13	126	156,004	1.00
2.00	INTENSIVE CARE UNIT	43.00	84,509	1,620.62	10	16,206	2.00
3.00	CORONARY CARE UNIT	44.00	4,776	1,995.27	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	15,303	1,434.63	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,419.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	2,373.49	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	44,965	2,214.17	5	11,071	5.04
5.05	TRANSPLANT ICU	46.05	0	2,185.03	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,773.99	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 through 6)		551,385		141	183,281	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			
<b>Computation of Ancillary Service Cost Applicable to Organ Acquisition</b>							
8.00	OPERATING ROOM	50.00	0.116225	3,630,283	421,930	8.00	
8.01	ENDOSCOPY	50.01	0.120656	102,711	12,393	8.01	
9.00	RECOVERY ROOM	51.00	0.148577	144,587	21,482	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.257942	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.105956	250,087	26,498	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.205532	137,662	28,294	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.149359	542,559	81,036	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.085654	60	5	13.00	
14.00	RADIOISOTOPE	56.00	0.083765	946,300	79,267	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	0.076741	1,625	125	17.00	
18.00	LABORATORY	60.00	0.159397	2,166,584	345,347	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.228154	6,498,186	1,482,587	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	0.160931	84,711	13,633	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.231758	96,567	22,380	23.00	
24.00	PHYSICAL THERAPY	66.00	0.440245	1,174	517	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.336619	378	127	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.381488	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.088402	380,265	33,616	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202152	19,818	4,006	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.267218	766,352	204,783	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.241447	27,979	6,755	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.195863	882,846	172,917	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.945878	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.261546	497	130	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.356150	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.068258	204,889	13,985	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1,465.982558	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.099177	1,085,439	107,651	34.03	
34.04	DAY SURGERY	76.04	0.347700	26,351	9,162	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RI LEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RI LEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.173881	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.446753	14,509	6,482	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	0.486871	724	352	37.01	
37.02	IUSCC HEM/ONC	90.02	0.299279	1,438	430	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.280498	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	2.731868	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.167519	102,643	17,195	37.06	
37.07	AMB SVC-RI LEY CLINICS	90.07	0.279403	0	0	37.07	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM  
 Provider CCN: 15-0056  
 Component CCN:  
 Period: From 01/01/2020 To 12/31/2020  
 Worksheet D-4  
 Date/Time Prepared: 6/29/2021 2:46 pm

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	0.322144	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	0.361404	17,426	6,298	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.113198	0	0	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	1.619264	173	280	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.251458	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.872952	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.104360	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.749831	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.945919	2,111	6,219	37.23
37.24	LIFE CARE CLINIC	90.24	226.376952	0	0	37.24
38.00	EMERGENCY	91.00	0.101111	22,815	2,307	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.183548	5,152	946	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			18,164,901	3,129,135	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	126	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)			141	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 CLINIC	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	724	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	1,438	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	102,643	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	17,426	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	INFUSION 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

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0056

Period: From 01/01/2020 To 12/31/2020

Worksheet D-4

Component CCN:

Date/Time Prepared: 6/29/2021 2:46 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		
51.17	PHYSICAL MEDICINE	23.17	173	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	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	2,111	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	22,815	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	5,152	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)		152,482		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	3,312,416		18,716,286	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)	19,581,173		15,929,674	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)	22,893,589		34,645,960	61.00
62.00	Total Usable Organs (see instructions)		349		62.00
63.00	Medicare Usable Organs (see instructions)		221		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.633238		64.00
65.00	Medicare Cost/Charges (see instructions)	14,497,091		21,939,138	65.00
66.00	Revenue for Organs Sold	441,443		0	66.00
67.00	Subtotal (line 65 minus line 66)	14,055,648		21,939,138	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	14,055,648	0	21,939,138	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)		53	65	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	246	73.00	
74.00	Total (sum of lines 70 through 73)		53	311	74.00	
75.00	Organs Transplanted		48	231	2,068,266	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		5	65	481,854	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	15	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		53	311	0	84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2020 To 12/31/2020		Worksheet D-4 Date/Time Prepared: 6/29/2021 2:46 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	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
<b>Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition</b>							
1.00	ADULTS & PEDIATRICS	38.00	78,678	1,238.13	17	21,048	1.00
2.00	INTENSIVE CARE UNIT	43.00	40,565	1,620.62	5	8,103	2.00
3.00	CORONARY CARE UNIT	44.00	2,292	1,995.27	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	7,345	1,434.63	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,419.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	2,373.49	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PEDIC	46.04	21,583	2,214.17	2	4,428	5.04
5.05	TRANSPLANT ICU	46.05	35,310	2,185.03	5	10,925	5.05
5.06	PEDS CANCER CARE	46.06	0	1,773.99	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 through 6)		185,773		29	44,504	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		
<b>Computation of Ancillary Service Cost Applicable to Organ Acquisition</b>							
8.00	OPERATING ROOM	50.00	0.116225	649,217	75,455	8.00	
8.01	ENDOSCOPY	50.01	0.120656	49,869	6,017	8.01	
9.00	RECOVERY ROOM	51.00	0.148577	11,806	1,754	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.257942	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.105956	51,794	5,488	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.205532	353,067	72,567	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.149359	556,636	83,139	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.085654	43	4	13.00	
14.00	RADIOISOTOPE	56.00	0.083765	9,500	796	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	0.076741	157	12	17.00	
18.00	LABORATORY	60.00	0.159397	688,045	109,672	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.228154	1,122,514	256,106	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	0.160931	51,414	8,274	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.231758	43,922	10,179	23.00	
24.00	PHYSICAL THERAPY	66.00	0.440245	3,314	1,459	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.336619	501	169	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.381488	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.088402	252,433	22,316	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202152	9,513	1,923	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.267218	77,158	20,618	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.241447	3,697	893	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.195863	241,038	47,210	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.945878	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.261546	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.356150	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.068258	176,944	12,078	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1,465.982558	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.099177	584,961	58,015	34.03	
34.04	DAY SURGERY	76.04	0.347700	12,970	4,510	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	0.173881	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.446753	12,684	5,667	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	0.486871	529	258	37.01	
37.02	IUSCC HEM/ONC	90.02	0.299279	1,261	377	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.280498	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	2.731868	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.167519	12,783	2,141	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.279403	0	0	37.07	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM  
 Provider CCN: 15-0056  
 Component CCN:  
 Period: From 01/01/2020 To 12/31/2020  
 Worksheet D-4  
 Date/Time Prepared: 6/29/2021 2:46 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	0.322144	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	0.361404	0	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.113198	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	1.619264	113	183	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.251458	0	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.872952	0	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.104360	0	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.749831	0	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.945919	1,348	3,971	0	37.23
37.24	LIFE CARE CLINIC	90.24	226.376952	0	0	0	37.24
38.00	EMERGENCY	91.00	0.101111	10,970	1,109	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.183548	5,004	918	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			4,995,205	813,278		41.00

  

Cost Center Description		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	17	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	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	2	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	5	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)			29	0	0	48.00

  

Cost Center Description		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	529	0.000000	0	0	51.01
51.02	IUSCC HEM/ONC	23.02	1,261	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	12,783	0.000000	0	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	0	51.13
51.14	INFUSION CLINIC	23.14	0	0.000000	0	0	51.14
51.15	NEUROLOGY UH	23.15	0	0.000000	0	0	51.15
51.16	ORTHOPEDECS UH	23.16	0	0.000000	0	0	51.16

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 6/29/2021 2:46 pm	
		Liver	Hospital	PPS	
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
51.17	PHYSICAL MEDICINE	23.17	113	0.000000	0 51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0 51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0 51.19
51.20	IUMG - MH	23.20	0	0.000000	0 51.20
51.21	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	1,348	0.000000	0 51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0 51.24
52.00	EMERGENCY	24.00	10,970	0.000000	0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	5,004	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)		32,008		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	857,782		5,180,978	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)	11,657,334		8,544,861	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)	12,515,116		13,725,839	61.00
62.00	Total Usable Organs (see instructions)		161		62.00
63.00	Medicare Usable Organs (see instructions)		52		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.322981		64.00
65.00	Medicare Cost/Charges (see instructions)	4,042,145		4,433,185	65.00
66.00	Revenue for Organs Sold	170,500		0	66.00
67.00	Subtotal (line 65 minus line 66)	3,871,645		4,433,185	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,871,645	0	4,433,185	69.00
Cost Center Description		Living Related		Cadaveric	
		1.00		2.00	
				3.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		4	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	133	73.00
74.00	Total (sum of lines 70 through 73)		4	159	74.00
75.00	Organs Transplanted		4	131	986,006 75.00
76.00	Organs Sold to Other Hospitals		0	0	0 76.00
77.00	Organs Sold to OPOs		0	26	189,898 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	2	0 83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		4	159	0 84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2020 To 12/31/2020		Worksheet D-4 Date/Time Prepared: 6/29/2021 2:46 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	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
<b>Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition</b>							
1.00	ADULTS & PEDIATRICS	38.00	4,862	1,238.13	1	1,238	1.00
2.00	INTENSIVE CARE UNIT	43.00	27,043	1,620.62	4	6,482	2.00
3.00	CORONARY CARE UNIT	44.00	1,528	1,995.27	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	4,897	1,434.63	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,419.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	2,373.49	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	14,389	2,214.17	1	2,214	5.04
5.05	TRANSPLANT ICU	46.05	0	2,185.03	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,773.99	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 through 6)		52,719		6	9,934	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		
<b>Computation of Ancillary Service Cost Applicable to Organ Acquisition</b>							
8.00	OPERATING ROOM	50.00	0.116225	224,025		26,037	8.00
8.01	ENDOSCOPY	50.01	0.120656	35,522		4,286	8.01
9.00	RECOVERY ROOM	51.00	0.148577	1,523		226	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.257942	0		0	10.00
11.00	ANESTHESIOLOGY	53.00	0.105956	10,786		1,143	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.205532	66,085		13,583	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.149359	66,536		9,938	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.085654	2		0	13.00
14.00	RADIOISOTOPE	56.00	0.083765	3,721		312	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	0.076741	0		0	17.00
18.00	LABORATORY	60.00	0.159397	83,019		13,233	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.228154	909,320		207,465	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	0.160931	23,940		3,853	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0		0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.231758	28,439		6,591	23.00
24.00	PHYSICAL THERAPY	66.00	0.440245	0		0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.336619	0		0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.381488	0		0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.088402	26,599		2,351	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202152	6,342		1,282	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.267218	38,752		10,355	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.241447	86		21	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.195863	86,918		17,024	31.00
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.945878	0		0	31.03
32.00	RENAL DIALYSIS	74.00	0.261546	0		0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0		0	33.00
34.00	RH NBN ECMO IC	76.00	0.356150	0		0	34.00
34.01	CARDIOLOGY	76.01	0.068258	11,034		753	34.01
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1,465.982558	0		0	34.02
34.03	CARDIAC CATH	76.03	0.099177	135,695		13,458	34.03
34.04	DAY SURGERY	76.04	0.347700	5,596		1,946	34.04
34.05	ONCOLOGY	76.05	0.000000	0		0	34.05
34.06	DAY SURGERY-RI LEY	76.06	0.000000	0		0	34.06
34.07	CARDIOLOGY-RI LEY	76.07	0.000000	0		0	34.07
34.08	ECMO-ADULT	76.08	0.173881	0		0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.446753	791		353	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	0.486871	23		11	37.01
37.02	IUSCC HEM/ONC	90.02	0.299279	58		17	37.02
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.280498	0		0	37.03
37.04	AMB SVC-PSYCH ADULT	90.04	2.731868	0		0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0		0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.167519	15,081		2,526	37.06
37.07	AMB SVC-RI LEY CLINICS	90.07	0.279403	0		0	37.07

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM  
 Provider CCN: 15-0056  
 Component CCN:  
 Period: From 01/01/2020 To 12/31/2020  
 Worksheet D-4  
 Date/Time Prepared: 6/29/2021 2:46 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	0.322144	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	0.361404	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.113198	0	0	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	1.619264	6	10	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.251458	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.872952	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.104360	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.749831	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.945919	157	463	37.23
37.24	LIFE CARE CLINIC	90.24	226.376952	0	0	37.24
38.00	EMERGENCY	91.00	0.101111	7,296	738	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.183548	501	92	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			1,787,853	338,067	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	4	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			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	23	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	58	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	15,081	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	INFUSION 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

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 6/29/2021 2:46 pm	
		Heart	Hospital	PPS	
Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	
51.17	PHYSICAL MEDICINE	23.17	6	0.000000	0 51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0 51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0 51.19
51.20	IUMG - MH	23.20	0	0.000000	0 51.20
51.21	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	157	0.000000	0 51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0 51.24
52.00	EMERGENCY	24.00	7,296	0.000000	0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	501	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)		23,122		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	348,001		1,840,572	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	3,522,410		2,832,730	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	3,870,411		4,673,302	61.00
62.00	Total Usable Organs (see instructions)		48		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)		0.479167		64.00
65.00	Medicare Cost/Charges (see instructions)	1,854,573		2,239,292	65.00
66.00	Revenue for Organs Sold	113,667		0	66.00
67.00	Subtotal (line 65 minus line 66)	1,740,906		2,239,292	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,740,906	0	2,239,292	69.00
Cost Center Description		Living Related		Cadaveric	Revenue
		1.00	2.00	3.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)		0	17	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0	72.00
73.00	Organs Purchased from OPOs		0	32	73.00
74.00	Total (sum of lines 70 through 73)		0	49	74.00
75.00	Organs Transplanted		0	31	230,856 75.00
76.00	Organs Sold to Other Hospitals		0	0	0 76.00
77.00	Organs Sold to OPOs		0	17	126,598 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	0 83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	49	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2020 To 12/31/2020		Worksheet D-4 Date/Time Prepared: 6/29/2021 2: 46 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) PPS	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
<b>Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition</b>							
1.00	ADULTS & PEDIATRICS	38.00	5,773	1,238.13	1	1,238	1.00
2.00	INTENSIVE CARE UNIT	43.00	32,114	1,620.62	3	4,862	2.00
3.00	CORONARY CARE UNIT	44.00	1,815	1,995.27	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	5,815	1,434.63	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,419.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	2,373.49	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	17,087	2,214.17	2	4,428	5.04
5.05	TRANSPLANT ICU	46.05	0	2,185.03	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,773.99	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 through 6)		62,604		6	10,528	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		
<b>Computation of Ancillary Service Cost Applicable to Organ Acquisition</b>							
8.00	OPERATING ROOM	50.00	0.116225	261,058	30,341	8.00	
8.01	ENDOSCOPY	50.01	0.120656	153,444	18,514	8.01	
9.00	RECOVERY ROOM	51.00	0.148577	3,595	534	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.257942	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.105956	13,319	1,411	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.205532	569,731	117,098	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.149359	287,486	42,939	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.085654	1	0	13.00	
14.00	RADIOISOTOPE	56.00	0.083765	105,123	8,806	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	0.076741	203	16	17.00	
18.00	LABORATORY	60.00	0.159397	220,961	35,221	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.228154	757,554	172,839	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	0.160931	28,428	4,575	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.231758	33,789	7,831	23.00	
24.00	PHYSICAL THERAPY	66.00	0.440245	3,032	1,335	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.336619	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.381488	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.088402	92,297	8,159	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202152	7,531	1,522	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.267218	48,406	12,935	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.241447	102	25	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.195863	114,514	22,429	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.945878	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.261546	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.356150	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.068258	40,801	2,785	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1,465.982558	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.099177	463,660	45,984	34.03	
34.04	DAY SURGERY	76.04	0.347700	13,205	4,591	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RI LEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RI LEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.173881	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.446753	2,925	1,307	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	0.486871	158	77	37.01	
37.02	IUSCC HEM/ONC	90.02	0.299279	457	137	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.280498	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	2.731868	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.167519	64,045	10,729	37.06	
37.07	AMB SVC-RI LEY CLINICS	90.07	0.279403	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM  
 Provider CCN: 15-0056  
 Component CCN:  
 Period: From 01/01/2020 To 12/31/2020  
 Worksheet D-4  
 Date/Time Prepared: 6/29/2021 2:46 pm

Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	PPS
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.322144	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	0.361404	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.113198	0	0	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	1.619264	1	2	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.251458	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.872952	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.104360	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.749831	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.945919	954	2,810	37.23
37.24	LIFE CARE CLINIC	90.24	226.376952	0	0	37.24
38.00	EMERGENCY	91.00	0.101111	8,671	877	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.183548	1,290	237	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			3,296,741	556,066	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						
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	
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	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						
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	
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	158	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	457	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	64,045	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	INFUSION 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

(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 A TRANSPLANT PROVIDER CCN: 15-0056  
 HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Component CCN: Period: From 01/01/2020 To 12/31/2020 Worksheet D-4  
 Date/Time Prepared: 6/29/2021 2:46 pm

Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.17	PHYSICAL MEDICINE	23.17	1	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	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	954	0.000000	0	51.23
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24
52.00	EMERGENCY	24.00	8,671	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	1,290	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)		75,576		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	566,594		3,359,345		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)	4,540,750		2,672,685		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)	5,107,344		6,032,030		61.00
62.00	Total Usable Organs (see instructions)		59			62.00
63.00	Medicare Usable Organs (see instructions)		36			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.610169			64.00
65.00	Medicare Cost/Charges (see instructions)	3,116,343		3,680,558		65.00
66.00	Revenue for Organs Sold	134,979		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,981,364		3,680,558		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,981,364	0	3,680,558	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	23	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	40	73.00	
74.00	Total (sum of lines 70 through 73)		0	63	74.00	
75.00	Organs Transplanted		0	36	235,308	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	23	150,336	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 through 83 should equal line 74)		0	63	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056		Period: From 01/01/2020 To 12/31/2020		Worksheet D-4	
		Component CCN:				Date/Time Prepared: 6/29/2021 2:46 pm	
		Pancreas		Hospital		PPS	
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	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
<b>Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition</b>							
1.00	ADULTS & PEDIATRICS	38.00	2,127	1,238.13	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	11,831	1,620.62	1	1,621	2.00
3.00	CORONARY CARE UNIT	44.00	669	1,995.27	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	2,142	1,434.63	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,419.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	2,373.49	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	6,295	2,214.17	1	2,214	5.04
5.05	TRANSPLANT ICU	46.05	0	2,185.03	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,773.99	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 through 6)		23,064		2	3,835	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		
<b>Computation of Ancillary Service Cost Applicable to Organ Acquisition</b>							
8.00	OPERATING ROOM	50.00	0.116225	96,118	11,171	8.00	
8.01	ENDOSCOPY	50.01	0.120656	14,226	1,716	8.01	
9.00	RECOVERY ROOM	51.00	0.148577	3	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.257942	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.105956	4,582	485	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.205532	3,207	659	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.149359	10,639	1,589	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.085654	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.083765	8,712	730	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	0.076741	0	0	17.00	
18.00	LABORATORY	60.00	0.159397	11,787	1,879	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.228154	248,419	56,678	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	0.160931	10,474	1,686	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.231758	12,437	2,882	23.00	
24.00	PHYSICAL THERAPY	66.00	0.440245	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.336619	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.381488	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.088402	6,254	553	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202152	2,775	561	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.267218	12,829	3,428	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.241447	38	9	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.195863	38,901	7,619	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.945878	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.261546	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.356150	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.068258	410	28	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1,465.982558	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.099177	7,318	726	34.03	
34.04	DAY SURGERY	76.04	0.347700	11	4	34.04	
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05	
34.06	DAY SURGERY-RI LEY	76.06	0.000000	0	0	34.06	
34.07	CARDIOLOGY-RI LEY	76.07	0.000000	0	0	34.07	
34.08	ECMO-ADULT	76.08	0.173881	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.446753	29	13	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	0.486871	0	0	37.01	
37.02	IUSCC HEM/ONC	90.02	0.299279	1	0	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.280498	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	2.731868	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.167519	8	1	37.06	
37.07	AMB SVC-RI LEY CLINICS	90.07	0.279403	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet D-4		
		Component CCN:		Date/Time Prepared: 6/29/2021 2:46 pm		
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	0.322144	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	0.361404	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.113198	0	0	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	1.619264	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.251458	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.872952	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.104360	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.749831	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.945919	0	0	37.23
37.24	LIFE CARE CLINIC	90.24	226.376952	0	0	37.24
38.00	EMERGENCY	91.00	0.101111	3,192	323	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.183548	7	1	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			492,377	92,741	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	1	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			2	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	8	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	INFUSION 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

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT PROVIDER CCN: 15-0056  
 HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Component CCN: Period: From 01/01/2020 To 12/31/2020 Worksheet D-4  
 Date/Time Prepared: 6/29/2021 2:46 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		
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	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	3,192	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	7	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)		3,208		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	96,576		515,441		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)	1,639,149		1,444,122		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)	1,735,725		1,959,563		61.00
62.00	Total Usable Organs (see instructions)		33			62.00
63.00	Medicare Usable Organs (see instructions)		14			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.424242			64.00
65.00	Medicare Cost/Charges (see instructions)	736,367		831,329		65.00
66.00	Revenue for Organs Sold	49,729		0		66.00
67.00	Subtotal (line 65 minus line 66)	686,638		831,329		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	686,638	0	831,329	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	10	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	26	73.00	
74.00	Total (sum of lines 70 through 73)	0	36	74.00	
75.00	Organs Transplanted	0	23	127,390	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	10	55,387	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	3	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	36	0	84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0056 Component CCN:		Period: From 01/01/2020 To 12/31/2020		Worksheet D-4 Date/Time Prepared: 6/29/2021 2:46 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
<b>Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition</b>							
1.00	ADULTS & PEDIATRICS	38.00	304	1,238.13	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1,690	1,620.62	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	96	1,995.27	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	306	1,434.63	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,419.57	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.02	UH SURG 6IC	46.02	0	2,373.49	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PEDIC	46.04	899	2,214.17	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	2,185.03	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	1,773.99	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 through 6)		3,295		0	0	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		
<b>Computation of Ancillary Service Cost Applicable to Organ Acquisition</b>							
8.00	OPERATING ROOM	50.00	0.116225	14,065	1,635	8.00	
8.01	ENDOSCOPY	50.01	0.120656	2,032	245	8.01	
9.00	RECOVERY ROOM	51.00	0.148577	761	113	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.257942	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.105956	741	79	11.00	
11.01	PULMONARY FUNCTION TESTING	53.01	0.205532	13,990	2,875	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.149359	42,159	6,297	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.085654	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.083765	233	20	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	0.076741	0	0	17.00	
18.00	LABORATORY	60.00	0.159397	43,470	6,929	18.00	
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.228154	56,789	12,957	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	0.160931	1,496	241	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.231758	1,785	414	23.00	
24.00	PHYSICAL THERAPY	66.00	0.440245	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.336619	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.381488	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.088402	13,290	1,175	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.202152	396	80	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.267218	2,544	680	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.241447	5	1	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.195863	6,114	1,198	31.00	
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.945878	0	0	31.03	
32.00	RENAL DIALYSIS	74.00	0.261546	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	RH NBN ECMO IC	76.00	0.356150	0	0	34.00	
34.01	CARDIOLOGY	76.01	0.068258	10,239	699	34.01	
34.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1,465.982558	0	0	34.02	
34.03	CARDIAC CATH	76.03	0.099177	6,813	676	34.03	
34.04	DAY SURGERY	76.04	0.347700	2,797	973	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	0.173881	0	0	34.08	
34.97	CARDIAC REHABILITATION	76.97	0.446753	734	328	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	0.486871	236	115	37.01	
37.02	IUSCC HEM/ONC	90.02	0.299279	105	31	37.02	
37.03	AMB SVC-OPHTHALMOLOGY	90.03	0.280498	0	0	37.03	
37.04	AMB SVC-PSYCH ADULT	90.04	2.731868	0	0	37.04	
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05	
37.06	OUTPATIENT SURGERY	90.06	0.167519	32,524	5,448	37.06	
37.07	AMB SVC-RILEY CLINICS	90.07	0.279403	0	0	37.07	

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM  
 Provider CCN: 15-0056  
 Component CCN:  
 Period: From 01/01/2020 To 12/31/2020  
 Worksheet D-4  
 Date/Time Prepared: 6/29/2021 2:46 pm

Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	PPS
		0	1.00	2.00	3.00	
37.08	MOTILITY LAB	90.08	0.322144	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	0.361404	0	0	37.11
37.12	OP CARE ADULTS	90.12	0.000000	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	INFUSION CLINIC	90.14	0.113198	0	0	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	1.619264	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.251458	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.872952	0	0	37.19
37.20	IUMG - MH	90.20	0.000000	0	0	37.20
37.21	OP REHAB CLINIC	90.21	0.104360	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.749831	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	2.945919	226	666	37.23
37.24	LIFE CARE CLINIC	90.24	226.376952	0	0	37.24
38.00	EMERGENCY	91.00	0.101111	457	46	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.183548	560	103	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			254,561	44,024	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	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)			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	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	236	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	105	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	32,524	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	INFUSION 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

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT PROVIDER CCN: 15-0056  
 HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Component CCN: Period: From 01/01/2020 To 12/31/2020 Worksheet D-4  
 Date/Time Prepared: 6/29/2021 2:46 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		
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17	
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18	
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19	
51.20	IUMG - MH	23.20	0	0.000000	0	51.20	
51.21	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	226	0.000000	0	51.23	
51.24	LIFE CARE CLINIC	23.24	0	0.000000	0	51.24	
52.00	EMERGENCY	24.00	457	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	560	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)		34,108		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	44,024		257,856	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)	662,168		548,644	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)	706,192		806,500	61.00
62.00	Total Usable Organs (see instructions)		8		62.00
63.00	Medicare Usable Organs (see instructions)		1		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.125000		64.00
65.00	Medicare Cost/Charges (see instructions)	88,274		100,813	65.00
66.00	Revenue for Organs Sold	7,104		0	66.00
67.00	Subtotal (line 65 minus line 66)	81,170		100,813	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	81,170	0	100,813	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	2	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	7	73.00
74.00	Total (sum of lines 70 through 73)		0	9	74.00
75.00	Organs Transplanted		0	6	23,737 75.00
76.00	Organs Sold to Other Hospitals		0	0	0 76.00
77.00	Organs Sold to OPOs		0	2	7,912 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	0 83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	9	0 84.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 6/29/2021 2: 46 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		99,181,575	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		276,124	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)			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
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		12,474,582	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		2,597,328	2.04
3.00	Managed Care Simulated Payments		77,230,519	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,230.52	4.00
<b>Indirect Medical Education Adjustment</b>				
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 that 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 § 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 § 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 § 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		682.76	10.00
11.00	FTE count for residents in dental and podiatric programs.		25.46	11.00
12.00	Current year allowable FTE (see instructions)		553.21	12.00
13.00	Total allowable FTE count for the prior year.		553.93	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.		553.29	14.00
15.00	Sum of lines 12 through 14 divided by 3.		553.48	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		553.48	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.449794	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.454981	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.449794	21.00
22.00	IME payment adjustment (see instructions)		30,342,174	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		16,924,605	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		2.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		155.01	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)		0.001625	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000434	27.00
28.00	IME add-on adjustment amount (see instructions)		60,091	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		33,518	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		30,402,265	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		16,958,123	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.41	30.00
31.00	Percentage of Medicaid patient days (see instructions)		40.32	31.00
32.00	Sum of lines 30 and 31		46.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)		27.77	33.00
34.00	Disproportionate share adjustment (see instructions)		9,612,426	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 6/29/2021 2:46 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.001670078	0.001619622	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		13,946,150	13,426,688	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		10,440,562	3,384,264	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		13,824,826		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges, excluding 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)		207,369,126		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			224,327,249	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			15,017,112	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			10,461,305	52.00
53.00	Nursing and Allied Health Managed Care payment			182,549	53.00
54.00	Special add-on payments for new technologies			322,080	54.00
54.01	Isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			23,417,371	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).			164,652	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			372,390	58.00
59.00	Total (sum of amounts on lines 49 through 58)			274,264,708	59.00
60.00	Primary payer payments			91,313	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			274,173,395	61.00
62.00	Deductibles billed to program beneficiaries			8,828,796	62.00
63.00	Coinsurance billed to program beneficiaries			1,067,893	63.00
64.00	Allowable bad debts (see instructions)			1,603,081	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,042,003	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			693,322	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			265,318,709	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			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)			-513,324	70.93
70.94	HRR adjustment amount (see instructions)			-360,947	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 6/29/2021 2:46 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)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		264,444,438		71.00
71.01	Sequestration adjustment (see instructions)		1,745,333		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0		71.03
72.00	Interim payments		257,998,319		72.00
72.01	Interim payments-PARHM		0		72.01
73.00	Tentative settlement (for contractor use only)		0		73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0		73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		4,700,786		74.00
74.01	Balance due provider/program-PARHM (see instructions)		0		74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		8,971,850		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)		0		100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
6/29/2021 2:46 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	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	99,181,575	0	99,181,575	99,181,575	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,276,124	0	39,276,124	39,276,124	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					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	12,474,582	0	12,474,582	12,474,582	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,597,328	0	2,597,328	2,597,328	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	77,230,519	0	55,518,496	21,712,022	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.449794	0.449794	0.449794	0.449794	5.00
6.00	IME payment adjustment (see instructions)	22.00	30,342,174	0	21,735,047	8,607,127	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	16,924,605	0	12,166,546	4,758,059	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000434	0.000434	0.000434	0.000434	7.00
8.00	IME adjustment (see instructions)	28.00	60,091	0	43,045	17,046	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	33,518	0	24,095	9,423	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	30,402,265	0	21,778,092	8,624,173	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	16,958,123	0	12,190,641	4,767,482	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2777	0.2777	0.2777	0.2777	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	9,612,426	0	6,885,681	2,726,745	11.00
11.01	Uncompensated care payments	36.00	13,824,826	0	10,440,562	3,384,264	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	207,369,126	0	150,760,492	56,608,634	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	224,327,249	0	162,951,133	61,376,116	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	15,017,112	0	10,961,054	4,056,058	16.00
17.00	Special add-on payments for new technologies	54.00	322,080	0	118,254	203,827	17.00
17.01	Net organ acquisition cost						17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
6/29/2021 2:46 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		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	174,030,441	65,636,001	239,666,442	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	10,859,047	0	7,852,737	3,006,310	10,859,047	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	890,578	0	745,429	145,149	890,578	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	0.2017	0.2017	0.2017	0.2017		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,190,270	0	1,583,897	606,373	2,190,270	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0992	0.0992	0.0992	0.0992		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,077,217	0	778,991	298,226	1,077,217	25.00
26.00	Total prospective capital payments (see instructions)	12.00	15,017,112	0	10,961,054	4,056,058	15,017,112	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 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2021 2:46 pm
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		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	99,181,575	99,181,575		99,181,575	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,276,124		39,276,124	39,276,124	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					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	12,474,582	12,474,582		12,474,582	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,597,328		2,597,328	2,597,328	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	77,230,519	55,518,496	21,712,022	77,230,518	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.449794	0.449794	0.449794		5.00
6.00	IME payment adjustment (see instructions)	22.00	30,342,174	21,735,047	8,607,127	30,342,174	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	16,924,605	12,166,546	4,758,059	16,924,605	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000434	0.000434	0.000434		7.00
8.00	IME adjustment (see instructions)	28.00	60,091	43,045	17,046	60,091	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	33,518	24,095	9,423	33,518	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	30,402,265	21,778,092	8,624,173	30,402,265	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	16,958,123	12,190,641	4,767,482	16,958,123	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2777	0.2777	0.2777		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	9,612,426	6,885,681	2,726,745	9,612,426	11.00
11.01	Uncompensated care payments	36.00	13,824,826	10,440,562	3,384,264	13,824,826	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	207,369,126	150,760,492	56,608,634	207,369,126	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	224,327,249	162,951,133	61,376,116	224,327,249	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	15,017,112	10,961,054	4,056,058	15,017,112	16.00
17.00	Special add-on payments for new technologies	54.00	322,080	118,254	203,826	322,080	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			174,030,441	65,636,000	239,666,441	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2021 2:46 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	10,859,047	7,852,737	3,006,310	10,859,047	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	890,578	745,429	145,149	890,578	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	0.2017	0.2017	0.2017		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,190,270	1,583,897	606,373	2,190,270	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0992	0.0992	0.0992		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	1,077,217	778,991	298,226	1,077,217	25.00
26.00	Total prospective capital payments (see instructions)	12.00	15,017,112	10,961,054	4,056,058	15,017,112	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	-513,324	-242,948	-270,376	-513,324	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	-360,947	-278,039	-82,908	-360,947	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 6/29/2021 2:46 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		112,020	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		122,716,783	2.00
3.00	OPPS payments		99,419,397	3.00
4.00	Outlier payment (see instructions)		1,553,188	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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		533,828	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		112,020	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		574,897	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)		574,897	14.00
<b>Customary charges</b>				
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)		574,897	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		462,877	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 (see instructions)		112,020	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, 4.01, 8 and 9)		101,506,413	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		3,017	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		16,584,280	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)		85,031,136	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,980,556	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)		90,011,692	30.00
31.00	Primary payer payments		16,272	31.00
32.00	Subtotal (line 30 minus line 31)		89,995,420	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		78,187	33.00
34.00	Allowable bad debts (see instructions)		574,867	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		373,664	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-508,670	36.00
37.00	Subtotal (see instructions)		90,447,271	37.00
38.00	MSP-LCC reconciliation amount from PS&R		399	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		16,102	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		90,446,872	40.00
40.01	Sequestration adjustment (see instructions)		596,949	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		91,747,719	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-1,897,796	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		165,786	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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 01/01/2020  
To 12/31/2020

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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		257,169,819		91,747,719	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/19/2020	419,700		0	3.01	
3.02		12/16/2020	408,800		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)		828,500		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)		257,998,319		91,747,719	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		4,700,786		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		1,897,796	6.02	
7.00	Total Medicare program liability (see instructions)		262,699,105		89,849,923	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 01/01/2020  
To 12/31/2020

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 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		1,216,041		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)		1,216,041		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		702		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,216,743		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 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 6/29/2021 2:46 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 Component CCN: 15-S056	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 6/29/2021 2:46 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,114,845	1.00
2.00	Net IPF PPS Outlier Payments		188,099	2.00
3.00	Net IPF PPS ECT Payments		34,831	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)		0.00	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)		0.00	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)		0.00	8.00
9.00	Average Daily Census (see instructions)		11.732240	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,337,775	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)		1,337,775	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,337,775	18.00
19.00	Deductibles		49,192	19.00
20.00	Subtotal (line 18 minus line 19)		1,288,583	20.00
21.00	Coinurance		82,236	21.00
22.00	Subtotal (line 20 minus line 21)		1,206,347	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		21,272	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		13,827	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,364	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,220,174	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		4,653	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	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,224,827	31.00
31.01	Sequestration adjustment (see instructions)		8,084	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,216,041	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, 31.02, 32 and 33)		702	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		188,099	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 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 6/29/2021 2:46 pm
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	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 affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and plus applicable subscripts		553.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		687.78	6.00
7.00	Enter the lesser of line 5 or line 6		553.51	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	205.88	396.32	602.20	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.	165.69	318.95	484.64	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		24.63		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		25.46		10.01
11.00	Total weighted FTE count	165.69	343.58		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	166.76	347.02		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	165.63	341.84		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	166.03	344.15		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	166.03	344.15		17.00
18.00	Per resident amount	93,310.56	88,370.15		18.00
19.00	Approved amount for resident costs	15,492,352	30,412,587	45,904,939	19.00

					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)		42 Sec.	2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			134.27	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.75	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			103,172.75	23.00
24.00	Multiply line 22 time line 23			180,552	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			46,085,491	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3, column 2)	02,	67,327	41,696	26.00
27.00	Total Inpatient Days (see instructions)		316,663	316,663	27.00
28.00	Ratio of inpatient days to total inpatient days		0.212614	0.131673	28.00
29.00	Program direct GME amount		9,798,421	6,068,215	15,866,636
29.01	Percent reduction for MA DGME			7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage			424,775	424,775
31.00	Net Program direct GME amount			15,441,861	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 6/29/2021 2:46 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		789	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		37,216,503	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000021	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		235,753,995	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		23,417,371	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		91,313	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		259,080,053	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		123,362,631	42.00
43.00	Primary payer payments (see instructions)		16,272	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		123,346,359	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		382,426,412	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.677464	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.322536	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		15,441,861	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		10,461,305	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,980,556	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type provider CCN: 15-0056 Period: From 01/01/2020 To 12/31/2020 Worksheet G  
 accounting records, complete the General Fund column only) Date/Time Prepared: 6/29/2021 2:46 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	674,852,838	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	10,000,000	0	0	0	3.00
4.00	Accounts receivable	488,826,701	0	0	0	4.00
5.00	Other receivable	179,862,149	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,489,259	0	0	0	6.00
7.00	Inventory	80,904,632	0	0	0	7.00
8.00	Prepaid expenses	153,612,642	0	0	0	8.00
9.00	Other current assets	134	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,577,569,837	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	178,642,472	0	0	0	12.00
13.00	Land improvements	28,195,669	0	0	0	13.00
14.00	Accumulated depreciation	-12,756,092	0	0	0	14.00
15.00	Buildings	1,954,750,517	0	0	0	15.00
16.00	Accumulated depreciation	-1,104,011,397	0	0	0	16.00
17.00	Leasehold improvements	35,726,931	0	0	0	17.00
18.00	Accumulated depreciation	-14,958,509	0	0	0	18.00
19.00	Fixed equipment	-1,753,697	0	0	0	19.00
20.00	Accumulated depreciation	1,753,697	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	1,527,209,560	0	0	0	23.00
24.00	Accumulated depreciation	-1,275,140,150	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)	1,317,659,001	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,661,109,650	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	5,845,950,065	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,507,059,715	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	10,402,288,553	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	2,070,441,345	0	0	0	37.00
38.00	Salaries, wages, and fees payable	255,458,831	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,499,392	0	0	0	40.00
41.00	Deferred income	11,212,280	0	0	0	41.00
42.00	Accelerated payments	165,097,802	0	0	0	42.00
43.00	Due to other funds	107,438,624	0	0	0	43.00
44.00	Other current liabilities	61,211,716	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,677,359,990	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,344,246,789	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	64,854,081	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,409,100,870	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	4,086,460,860	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	6,315,827,693	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	6,315,827,693	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	10,402,288,553	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet G-1

Date/Time Prepared:  
6/29/2021 2:46 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		5,336,228,227		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,137,646,113			2.00
3.00	Total (sum of line 1 and line 2)		6,473,874,340		0	3.00
4.00	PENSION OBLIGATION	133,255,053		0		4.00
5.00	ROUNDING	161		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		133,255,214		0	10.00
11.00	Subtotal (line 3 plus line 10)		6,607,129,554		0	11.00
12.00	RILEY PHASE V DONATIONS	1,146,608		0		12.00
13.00	UNRESTRICTED FUND BALANCE	319,870,171		0		13.00
14.00	MHF DONATIONS	802,079		0		14.00
15.00	MARK TO MARKET SWAP	-30,516,997		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		291,301,861		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		6,315,827,693		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	PENSION OBLIGATION		0			4.00
5.00	ROUNDING		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	RILEY PHASE V DONATIONS		0			12.00
13.00	UNRESTRICTED FUND BALANCE		0			13.00
14.00	MHF DONATIONS		0			14.00
15.00	MARK TO MARKET SWAP		0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	857,689,364		857,689,364	1.00
2.00	SUBPROVIDER - IPF	11,241,500		11,241,500	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	868,930,864		868,930,864	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	133,675,637		133,675,637	11.00
12.00	CORONARY CARE UNIT	121,389,362		121,389,362	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	171,826,978		171,826,978	12.01
13.00	BURN INTENSIVE CARE UNIT	10,134,358		10,134,358	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.02	UH SURG 6IC	22,782,800		22,782,800	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PED IC	57,609,577		57,609,577	14.04
14.05	TRANSPLANT ICU	12,498,088		12,498,088	14.05
14.06	PEDS CANCER CARE	13,808,145		13,808,145	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	543,724,945		543,724,945	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,412,655,809		1,412,655,809	17.00
18.00	Ancillary services	3,378,072,825	3,153,496,212	6,531,569,037	18.00
19.00	Outpatient services	191,977,336	713,364,705	905,342,041	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		253,487,186	253,487,186	22.00
23.00	AMBULANCE SERVICES	116,124	224,832,592	224,948,716	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	42,825,139	42,825,139	26.00
27.00	SPECIAL PURPOSE COST CENTERS	63,020,396	0	63,020,396	27.00
27.01	PHYSICIAN REVENUE	0	30,577,270	30,577,270	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)	6,045,842,490	4,418,583,104	9,464,425,594	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,635,414,740		29.00
30.00	HOME OFFICE EXPENSE	1,261,747,456			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)		1,261,747,456		36.00
37.00	ACADEMIC SUPPORT	17,500,000			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		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)		3,879,662,196		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet G-3 Date/Time Prepared: 6/29/2021 2:46 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	9,464,425,594	1.00
2.00	Less contractual allowances and discounts on patients' accounts	6,351,219,229	2.00
3.00	Net patient revenues (line 1 minus line 2)	3,113,206,365	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	3,879,662,196	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-766,455,831	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	717,523,266	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	1,041,164,910	24.00
24.01	MEMBER PREMIUM REVENUE	176,063,309	24.01
24.02	SWAP GAIN	-16,914,158	24.02
24.03	RELATED PARTY INCOME	-866,233	24.03
24.04	EDUCATION & RESEARCH SUPPORT	-17,500,000	24.04
24.05	OTHER INCOME	-130,542,968	24.05
24.50	COVID-19 PHE Funding	135,173,818	24.50
25.00	Total other income (sum of lines 6-24)	1,904,101,944	25.00
26.00	Total (line 5 plus line 25)	1,137,646,113	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)	1,137,646,113	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0056

Period: From 01/01/2020

Worksheet H

HHA CCN: 15-7158

To 12/31/2020

Date/Time Prepared: 6/29/2021 2:46 pm

					Home Health Agency I	PPS
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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	

<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	7,165,859	1,910,810	0	313,974	1,699,891	5.00

<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	3,748,057	999,437	0	0	4,747,494	6.00
7.00	Physical Therapy	3,246,848	865,787	0	0	4,112,635	7.00
8.00	Occupational Therapy	1,116,699	297,773	0	0	1,414,472	8.00
9.00	Speech Pathology	62,900	16,773	0	0	79,673	9.00
10.00	Medical Social Services	318,577	84,950	0	0	403,527	10.00
11.00	Home Health Aide	93,696	24,984	0	0	118,680	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

<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	2,310,494	616,104	0	778,950	8,815,090	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)	4,264,436	1,137,132	0	315,928	50,284,616	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	22,327,566	5,953,750	0	1,408,852	60,799,597	24.00

	Reclassified	Reclassified	Adjustments	Net Expenses			
	on	Trial Balance		For Allocation			
		(col. 6 + col. 7)		(col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			

<b>GENERAL SERVICE COST CENTERS</b>							
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	4,980,400	16,070,934	-14,132,011	1,938,923		5.00

<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	4,747,494	0	4,747,494		6.00
7.00	Physical Therapy	0	4,112,635	0	4,112,635		7.00
8.00	Occupational Therapy	0	1,414,472	0	1,414,472		8.00
9.00	Speech Pathology	0	79,673	0	79,673		9.00
10.00	Medical Social Services	0	403,527	0	403,527		10.00
11.00	Home Health Aide	0	118,680	0	118,680		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

<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	-1,555,329	10,965,309	-704,613	10,260,696		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)	-3,425,071	52,577,041	-727,074	51,849,967		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	90,489,765	-15,563,698	74,926,067		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	Period: From 01/01/2020 To 12/31/2020	Worksheet H-1 Part I Date/Time Prepared: 6/29/2021 2:46 pm			
		HHA CCN: 15-7158	Home Health Agency I	PPS			
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (col.s. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,938,923	0	0	0	1,938,923	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	4,747,494	0	0	0	4,747,494	6.00
7.00	Physical Therapy	4,112,635	0	0	0	4,112,635	7.00
8.00	Occupational Therapy	1,414,472	0	0	0	1,414,472	8.00
9.00	Speech Pathology	79,673	0	0	0	79,673	9.00
10.00	Medical Social Services	403,527	0	0	0	403,527	10.00
11.00	Home Health Aide	118,680	0	0	0	118,680	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	10,260,696	0	0	0	10,260,696	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)	51,849,967	0	0	0	51,849,967	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	74,926,067	0	0	0	74,926,067	24.00
		Administrative & General	Total (col.s. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,938,923					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	126,117	4,873,611				6.00
7.00	Physical Therapy	109,252	4,221,887				7.00
8.00	Occupational Therapy	37,575	1,452,047				8.00
9.00	Speech Pathology	2,117	81,790				9.00
10.00	Medical Social Services	10,720	414,247				10.00
11.00	Home Health Aide	3,153	121,833				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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	272,575	10,533,271				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)	1,377,414	53,227,381				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		74,926,067				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0056 HHA CCN: 15-7158		Period: From 01/01/2020 To 12/31/2020		Worksheet H-1 Part 11 Date/Time Prepared: 6/29/2021 2:46 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,938,923	72,987,144 5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	4,747,494 6.00
7.00	Physical Therapy	0	0	0	0	0	4,112,635 7.00
8.00	Occupational Therapy	0	0	0	0	0	1,414,472 8.00
9.00	Speech Pathology	0	0	0	0	0	79,673 9.00
10.00	Medical Social Services	0	0	0	0	0	403,527 10.00
11.00	Home Health Aide	0	0	0	0	0	118,680 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0 12.00
13.00	Drugs	0	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0	0 14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	10,260,696 16.00
17.00	Private Duty Nursing	0	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0	51,849,967 23.00
23.50	Telemedicine	0	0	0	0	0	0 23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,938,923	72,987,144 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,938,923 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.026565 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2020 To 12/31/2020	Worksheet H-2 Part I Date/Time Prepared: 6/29/2021 2:46 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	284,483	314,495	4,874,448	1,291	2,893,246	1.00
2.00 Skilled Nursing Care	4,873,611	0	0	0	0	0	2.00
3.00 Physical Therapy	4,221,887	0	0	0	0	0	3.00
4.00 Occupational Therapy	1,452,047	0	0	0	0	0	4.00
5.00 Speech Pathology	81,790	0	0	0	0	0	5.00
6.00 Medical Social Services	414,247	0	0	0	0	0	6.00
7.00 Home Health Aide	121,833	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	10,533,271	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)	53,227,381	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)	74,926,067	284,483	314,495	4,874,448	1,291	2,893,246	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING, RECEIVING & STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	1,432,963	9,800,926	995,862	222,814	1.00
2.00 Skilled Nursing Care	0	0	0	4,873,611	495,203	0	2.00
3.00 Physical Therapy	0	0	0	4,221,887	428,982	0	3.00
4.00 Occupational Therapy	0	0	0	1,452,047	147,541	0	4.00
5.00 Speech Pathology	0	0	0	81,790	8,311	0	5.00
6.00 Medical Social Services	0	0	0	414,247	42,091	0	6.00
7.00 Home Health Aide	0	0	0	121,833	12,379	0	7.00
8.00 Supplies (see instructions)	24,242	0	0	24,242	2,463	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	10,533,271	1,070,275	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	53,227,381	5,408,381	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	24,242	0	1,432,963	84,751,235	8,611,488	222,814	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 01/01/2020

Worksheet H-2

HHA CCN: 15-7158

To 12/31/2020

Part I  
Date/Time Prepared:  
6/29/2021 2:46 pm

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	
		7.00	8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	354,808	0	0	1,620	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	354,808	0	0	1,620	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		HOUSEKEEPING - SAXONY	HOUSEKEEPING - MORGAN	DIETARY	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	29,029	727,613	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	29,029	727,613	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 HHA CCN: 15-7158	Period: From 01/01/2020 To 12/31/2020	Worksheet H-2 Part I Date/Time Prepared: 6/29/2021 2:46 pm
			Home Health Agency I	PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
	14.00	15.00	16.00	17.00	PATIENT TRANSPORTATION	SERVICES-SALARY & FRINGES APPRV	21.00	
1.00	Administrative and General	0	27,585	523,198	0	118,885	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)	408,837	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)	408,837	27,585	523,198	0	118,885	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	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 01/01/2020	Worksheet H-2 Part I Date/Time Prepared: 6/29/2021 2:46 pm
		HHA CCN: 15-7158	To 12/31/2020	

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Cost Center Description		PARAMED PASTORAL EDUCATION 23.05	PARAMED LAB SCIENCE PRO 23.06	PARAMED PHARMACY 23.07	PARAMED MEDICAL ASSIST 23.08	PARAMED SURGERY TECHNOLOGY 23.09	PARAMED PHARMACY TECH 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	1,432	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	1,432	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 23.11	Subtotal 24.00	Intern & Residents Cost & Post Stepdown Adjustments 25.00	Subtotal 26.00	Allocated HHA A&G (see Part I) 27.00	Total HHA Costs 28.00	
1.00	Administrative and General	0	12,802,340	0	12,802,340			1.00
2.00	Skilled Nursing Care	0	5,368,814	0	5,368,814	828,349	6,197,163	2.00
3.00	Physical Therapy	0	4,650,869	0	4,650,869	717,578	5,368,447	3.00
4.00	Occupational Therapy	0	1,599,588	0	1,599,588	246,799	1,846,387	4.00
5.00	Speech Pathology	0	90,101	0	90,101	13,902	104,003	5.00
6.00	Medical Social Services	0	456,338	0	456,338	70,408	526,746	6.00
7.00	Home Health Aide	0	134,212	0	134,212	20,707	154,919	7.00
8.00	Supplies (see instructions)	0	435,542	0	435,542	67,199	502,741	8.00
9.00	Drugs	0	1,432	0	1,432	221	1,653	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	11,603,546	0	11,603,546	1,790,300	13,393,846	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	58,635,762	0	58,635,762	9,046,877	67,682,639	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	95,778,544	0	95,778,544	12,802,340	95,778,544	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.					0.154289		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 01/01/2020 To 12/31/2020	Worksheet H-2 Part II Date/Time Prepared: 6/29/2021 2:46 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	22,788	250,011	21,933,655	300	300		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	720,236	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)	22,788	250,011	21,933,655	300	300	720,236	20.00
21.00 Total cost to be allocated	284,483	314,495	4,874,448	1,291	2,893,246	24,242	21.00
22.00 Unit cost multiplier	12.483895	1.257925	0.222236	4.303333	9,644.153333	0.033658	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	253,487,186	0	9,800,926	22,788	22,788	1.00
2.00 Skilled Nursing Care	0	0	0	4,873,611	0	0	2.00
3.00 Physical Therapy	0	0	0	4,221,887	0	0	3.00
4.00 Occupational Therapy	0	0	0	1,452,047	0	0	4.00
5.00 Speech Pathology	0	0	0	81,790	0	0	5.00
6.00 Medical Social Services	0	0	0	414,247	0	0	6.00
7.00 Home Health Aide	0	0	0	121,833	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	24,242	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	10,533,271	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	53,227,381	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	253,487,186	0	84,751,235	22,788	22,788	20.00
21.00 Total cost to be allocated	0	1,432,963	0	8,611,488	222,814	354,808	21.00
22.00 Unit cost multiplier	0.000000	0.005653	0	0.101609	9.777690	15.569949	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2020 To 12/31/2020	Worksheet H-2 Part 11 Date/Time Prepared: 6/29/2021 2:46 pm
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		Home Health Agency I	PPS
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Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	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	22,788	359	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	22,788	359	0	0	0	20.00
21.00 Total cost to be allocated	0	0	1,620	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	4.512535	0.000000	0.000000	0.000000	22.00

Cost Center Description	HOUSEKEEPING - MORGAN (MORGAN SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	PARAMED ADMINISTRATION (NET PROGRAM COST)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
	9.05	10.00	11.00	13.00	13.01	14.00	
1.00 Administrative and General	0	0	300	57	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	720,236	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	300	57	0	720,236	20.00
21.00 Total cost to be allocated	0	0	29,029	727,613	0	408,837	21.00
22.00 Unit cost multiplier	0.000000	0.000000	96.763333	12,765.140351	0.000000	0.567643	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2020 To 12/31/2020	Worksheet H-2 Part 11 Date/Time Prepared: 6/29/2021 2:46 pm
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	15.00	16.00	17.00	18.00	21.00	22.00	
1.00 Administrative and General	119,403	253,487,186	0	253,487,186	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)	119,403	253,487,186	0	253,487,186	0	0	20.00
21.00 Total cost to be allocated	27,585	523,198	0	118,885	0	0	21.00
22.00 Unit cost multiplier	0.231024	0.002064	0.000000	0.000469	0.000000	0.000000	22.00

  

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)	PARAMED PASTORAL EDUCATION (TOTAL PATIENT 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 01/01/2020 To 12/31/2020	Worksheet H-2 Part 11 Date/Time Prepared: 6/29/2021 2:46 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	119,403	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	119,403	0	0	0	0	20.00
21.00 Total cost to be allocated	0	1,432	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.011993	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 01/01/2020 To 12/31/2020	Worksheet H-3 Part I Date/Time Prepared: 6/29/2021 2:46 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	6,197,163	0	6,197,163	29,892	207.32	1.00
2.00	Physical Therapy	3.00	5,368,447	0	5,368,447	25,637	209.40	2.00
3.00	Occupational Therapy	4.00	1,846,387	0	1,846,387	8,845	208.75	3.00
4.00	Speech Pathology	5.00	104,003	0	104,003	510	203.93	4.00
5.00	Medical Social Services	6.00	526,746	0	526,746	903	583.33	5.00
6.00	Home Health Aide	7.00	154,919	0	154,919	2,959	52.36	6.00
7.00	Total (sum of lines 1-6)		14,197,665	0	14,197,665	68,746		7.00
Program Visits								
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		14020	0	2,435			8.00
8.01	Skilled Nursing Care		26900	0	2,885			8.01
8.02	Skilled Nursing Care		29200	0	786			8.02
8.03	Skilled Nursing Care		34620	0	2,187			8.03
8.04	Skilled Nursing Care		99915	0	2,353			8.04
9.00	Physical Therapy		14020	0	2,066			9.00
9.01	Physical Therapy		26900	0	4,545			9.01
9.02	Physical Therapy		29200	0	1,283			9.02
9.03	Physical Therapy		34620	0	2,072			9.03
9.04	Physical Therapy		99915	0	2,545			9.04
10.00	Occupational Therapy		14020	0	975			10.00
10.01	Occupational Therapy		26900	0	1,267			10.01
10.02	Occupational Therapy		29200	0	327			10.02
10.03	Occupational Therapy		34620	0	1,090			10.03
10.04	Occupational Therapy		99915	0	994			10.04
11.00	Speech Pathology		14020	0	0			11.00
11.01	Speech Pathology		26900	0	10			11.01
11.02	Speech Pathology		29200	0	0			11.02
11.03	Speech Pathology		34620	0	262			11.03
11.04	Speech Pathology		99915	0	83			11.04
12.00	Medical Social Services		14020	0	46			12.00
12.01	Medical Social Services		26900	0	112			12.01
12.02	Medical Social Services		29200	0	43			12.02
12.03	Medical Social Services		34620	0	147			12.03
12.04	Medical Social Services		99915	0	82			12.04
13.00	Home Health Aide		14020	0	131			13.00
13.01	Home Health Aide		26900	0	380			13.01
13.02	Home Health Aide		29200	0	183			13.02
13.03	Home Health Aide		34620	0	682			13.03
13.04	Home Health Aide		99915	0	439			13.04
14.00	Total (sum of lines 8-13)			0	30,410			14.00
Ratio (col. 3 ÷ col. 4)								
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)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	502,741	0	502,741	0	0.000000	15.00
16.00	Cost of Drugs	9.00	1,653	0	1,653	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2020 To 12/31/2020	Worksheet H-3 Part I Date/Time Prepared: 6/29/2021 2:46 pm
				Title XVIII	Home Health Agency I	PPS
Cost Center Description	Program Visits			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
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	10,646	0	2,207,129	1.00
2.00	Physical Therapy	0	12,511	0	2,619,803	2.00
3.00	Occupational Therapy	0	4,653	0	971,314	3.00
4.00	Speech Pathology	0	355	0	72,395	4.00
5.00	Medical Social Services	0	430	0	250,832	5.00
6.00	Home Health Aide	0	1,815	0	95,033	6.00
7.00	Total (sum of lines 1-6)	0	30,410	0	6,216,506	7.00
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
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
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
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
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
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
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	43,578	0	0	15.00
16.00	Cost of Drugs		0	0	0	16.00



APPORTIONMENT OF PATIENT SERVICE COSTS

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

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet H-3  
Part I  
Date/Time Prepared:  
6/29/2021 2:46 pm

Title XVIII

Home Health  
Agency I

PPS

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	2,207,129		1.00
2.00	Physical Therapy	2,619,803		2.00
3.00	Occupational Therapy	971,314		3.00
4.00	Speech Pathology	72,395		4.00
5.00	Medical Social Services	250,832		5.00
6.00	Home Health Aide	95,033		6.00
7.00	Total (sum of lines 1-6)	6,216,506		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
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
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
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
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
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
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 01/01/2020 To 12/31/2020	Worksheet H-3 Part II Date/Time Prepared: 6/29/2021 2:46 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		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00	Physical Therapy	66.00	0.440245	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.336619	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.381488	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.267218	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.195863	0	0	col. 2, line 16.00	5.00
5.03	Cost of Drugs 3	73.03	0.945878	0	0	col. 2, line 16.03	5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2020 To 12/31/2020	Worksheet H-4 Part I-II Date/Time Prepared: 6/29/2021 2:46 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
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
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	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	5,176,782
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	793,216
13.00	Total PPS Reimbursement - LUPA Episodes		0	158,485
14.00	Total PPS Reimbursement - PEP Episodes		0	14,808
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	252,024
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	3,247
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	6,398,562
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	6,398,562
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	6,398,562
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	6,398,562
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	6,398,562
31.01	Sequestration adjustment (see instructions)		0	51,406
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	6,347,156
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED PROGRAM BENEFICIARIES	Provider CCN: 15-0056 HHA CCN: 15-7158	Period: From 01/01/2020 To 12/31/2020	Worksheet H-5 Date/Time Prepared: 6/29/2021 2:46 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		6,347,156	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		6,347,156	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		6,347,156	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  
Component CCN: 15-3522

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet I-1  
Date/Time Prepared:  
6/29/2021 2:46 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	2,847,053	HOURS OF SERVICE	71,835.00	34.54	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	78,371	HOURS OF SERVICE	4,526.00	2.18	3.00
4.00	TECHNICIANS	172,457	HOURS OF SERVICE	8,114.00	3.90	4.00
5.00	SOCIAL WORKERS	69,931	HOURS OF SERVICE	2,080.00	1.00	5.00
6.00	DIETICIANS	43,051	HOURS OF SERVICE	1,457.00	0.70	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	379,983	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,590,846				9.00
10.00	EMPLOYEE BENEFITS	261,363	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	48,157	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	109,171	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS		REQUISITIONS			15.00
16.00	OTHER	109,998	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	4,119,535				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	435,850	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	319,728	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	798,015	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,478,437	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	1,044,225	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	789				23.00
24.00	CENTRAL SERVICE & SUPPLIES	942,216	REQUISITIONS			24.00
25.00	PHARMACY	15,185	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	579,846	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	9,733,826				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)	9,733,826				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 01/01/2020

Worksheet 1-2

Component CCN: 15-3522

To 12/31/2020

Date/Time Prepared: 6/29/2021 2:46 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs		
		Building	Equipment	RNs	Other				6.00
		1.00	2.00	3.00	4.00				5.00
1.00	Total Renal Department Costs	1,480,075	477,056	2,847,053	363,810	1,059,378	15,185	1.00	
<b>MAINTENANCE</b>									
2.00	Hemodialysis	464,352	149,670	893,222	114,140	332,365	4,764	2.00	
2.01	AKI -Hemodialysis	0	0	0	0	0	0	2.01	
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00	
3.01	AKI -Intermittent Peritoneal	0	0	0	0	0	0	3.01	
<b>TRAINING</b>									
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	1,676	540	3,224	412	1,200	17	6.00	
7.00	CCPD	1,418	457	2,728	349	1,015	15	7.00	
<b>HOME</b>									
8.00	Hemodialysis	4,512	1,454	8,679	1,109	3,230	46	8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00	
10.00	CAPD	119,504	38,518	229,877	29,375	85,536	1,226	10.00	
11.00	CCPD	888,613	286,417	1,709,323	218,425	636,032	9,117	11.00	
<b>OTHER BILLABLE SERVICES</b>									
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	ESAs (included in Renal Department)						0	14.00	
15.00								15.00	
16.00	Other	0	0	0	0	0	0	16.00	
17.00	Total (sum of lines 2 through 16)	1,480,075	477,056	2,847,053	363,810	1,059,378	15,185	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	942,216	0	7,184,773	2,548,264	9,733,037		1.00	
<b>MAINTENANCE</b>									
2.00	Hemodialysis	295,607	0	2,254,120	799,482	3,053,602		2.00	
2.01	AKI -Hemodialysis	0	0	0	0	0		2.01	
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00	
3.01	AKI -Intermittent Peritoneal	0	0	0	0	0		3.01	
<b>TRAINING</b>									
4.00	Hemodialysis	0	0	0	0	0		4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00	
6.00	CAPD	1,067	0	8,136	2,886	11,022		6.00	
7.00	CCPD	903	0	6,885	2,442	9,327		7.00	
<b>HOME</b>									
8.00	Hemodialysis	2,872	0	21,902	7,768	29,670		8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00	
10.00	CAPD	76,076	0	580,112	205,752	785,864		10.00	
11.00	CCPD	565,691	0	4,313,618	1,529,934	5,843,552		11.00	
<b>OTHER BILLABLE SERVICES</b>									
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	ESAs (included in Renal Department)							14.00	
15.00								15.00	
16.00	Other	0	0	0	0	0		16.00	
17.00	Total (sum of lines 2 through 16)	942,216	0	7,184,773	2,548,264	9,733,037		17.00	
18.00	Medical Educational Program Costs					789		18.00	
19.00	Total Renal Costs (line 17 + line 18)					9,733,826		19.00	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0056 Component CCN: 15-3522	Period: From 01/01/2020 To 12/31/2020	Worksheet 1-3 Date/Time Prepared: 6/29/2021 2:46 pm
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		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	1,480,075	477,056	2,847,053	363,810	1,059,378	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	3,602	3,602.00	3,602.00	3,602.00	3,602	2.00
2.01	AKI -Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI -Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
<b>TRAINING</b>							
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	13	13.00	13.00	13.00	13	6.00
7.00	CCPD	11	11.00	11.00	11.00	11	7.00
<b>HOME</b>							
8.00	Hemodialysis	35	35.00	35.00	35.00	35	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	927	927.00	927.00	927.00	927	10.00
11.00	CCPD	6,893	6,893.00	6,893.00	6,893.00	6,893	11.00
<b>OTHER BILLABLE SERVICES</b>							
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	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	11,481	11,481.00	11,481.00	11,481.00	11,481	17.00
18.00	Unit Cost Multiplier (Line 17)	128.915164	41.551781	247.979531	31.688006	92.272276	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	15,185	942,216	0	7,184,773	2,548,264	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	3,602	3,602	0			2.00
2.01	AKI -Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI -Intermittent Peritoneal	0	0	0			3.01
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	13	13	0			6.00
7.00	CCPD	11	11	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	35	35	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	927	927	0			10.00
11.00	CCPD	6,893	6,893	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	11,481	11,481	0	7,184,773		17.00
18.00	Unit Cost Multiplier (Line 17)	1.322620	82.067416	0.000000	0.354676		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet I-4
	Component CCN: 15-3522		Date/Time Prepared: 6/29/2021 2:46 pm

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	3,602	3,053,602	847.75	1,344	1,139,376
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	13	11,022	847.85	5	4,239
6.00	Training - CCPD	11	9,327	847.91	4	3,392
7.00	Home Program - Hemodialysis	35	29,670	847.71	13	11,020
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	132	785,864	5,953.52	49	291,722
10.00	Home Program - CCPD	985	5,843,552	5,932.54	367	2,177,242
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	3,661	9,733,037		1,366	3,626,991
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	7,012				
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00			
1.00	Maintenance - Hemodialysis	429,763	319.76			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 - CAPD	1,772	354.40			5.00
6.00	Training - CCPD	1,444	361.00			6.00
7.00	Home Program - Hemodialysis	4,152	319.38			7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00			8.00
		6.00	7.00			
9.00	Home Program - CAPD	37,988	775.27			9.00
10.00	Home Program - CCPD	298,472	813.28			10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	773,591				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



CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 15-0056

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet I-5

Date/Time Prepared:  
6/29/2021 2:46 pm

		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	3,626,991		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	773,591	773,591	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)	773,591	773,591	2.03
2.04	Outlier payments	13,530		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	198	198	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)	198	198	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	154,677	154,677	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)	154,677	154,677	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	120,288	120,288	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	120,288	120,288	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	78,187		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,453		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	34,587	8.00
9.00	Program payment (see instructions)	0	618,714	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)	78,187		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	9,733,037		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	9,733,037		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 01/01/2020

Worksheet 0

Hospice CCN: 15-1511

To 12/31/2020

Date/Time Prepared: 6/29/2021 2:46 pm

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT*		10,354	10,354	-10,354	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		660,066	660,066	-13,265	646,801	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,898,788	1,898,788	-1,243,236	655,552	3.00
4.00	ADMINISTRATIVE & GENERAL*	1,189,695	5,079,075	6,268,770	-3,263,646	3,005,124	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	105,820	105,820	0	105,820	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	29,431	29,431	0	29,431	6.00
7.00	HOUSEKEEPING*	38,000	672	38,672	0	38,672	7.00
8.00	DIETARY*	0	3,600	3,600	0	3,600	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	176,400	176,400	-176,400	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	68,269	68,269	0	68,269	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	55,720	0	55,720	-3,728	51,992	13.00
14.00	PHARMACY*	72,391	770,622	843,013	-770,622	72,391	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	443,026	443,026	0	443,026	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED**		158,747	158,747	0	158,747	25.00
26.00	PHYSICIAN SERVICES**	333,531	0	333,531	0	333,531	26.00
27.00	NURSE PRACTITIONER**	615	0	615	0	615	27.00
28.00	REGISTERED NURSE**	3,444,284	0	3,444,284	-11,193	3,433,091	28.00
29.00	LPN/LVN**	380,050	13,978	394,028	-245	393,783	29.00
30.00	PHYSICAL THERAPY**	152,629	0	152,629	-470	152,159	30.00
31.00	OCCUPATIONAL THERAPY**	99,079	0	99,079	0	99,079	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	415,184	0	415,184	-5,794	409,390	33.00
34.00	SPIRITUAL COUNSELING**	329,563	0	329,563	0	329,563	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	136,075	0	136,075	0	136,075	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	366,021	4,104	370,125	-3,618	366,507	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	2,519	2,519	0	2,519	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	1,358	1,358	0	1,358	40.00
41.00	LABS & DIAGNOSTICS**	0	195	195	0	195	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	-4,315	-4,315	4,315	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	698,318	698,318	0	698,318	46.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM *	192,068	0	192,068	0	192,068	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	780	780	0	780	71.00
100.00	TOTAL	7,204,905	10,121,807	17,326,712	-5,498,256	11,828,456	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2020

Worksheet 0

Hospice CCN: 15-1511

To 12/31/2020

Date/Time Prepared: 6/29/2021 2:46 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	646,801	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	655,552	3.00
4.00	ADMINISTRATIVE & GENERAL*	-33,816	2,971,308	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	105,820	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	29,431	6.00
7.00	HOUSEKEEPING*	0	38,672	7.00
8.00	DIETARY*	0	3,600	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	68,269	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	51,992	13.00
14.00	PHARMACY*	0	72,391	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	443,026	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	158,747	25.00
26.00	PHYSICIAN SERVICES**	-333,531	0	26.00
27.00	NURSE PRACTITIONER**	0	615	27.00
28.00	REGISTERED NURSE**	0	3,433,091	28.00
29.00	LPN/LVN**	0	393,783	29.00
30.00	PHYSICAL THERAPY**	0	152,159	30.00
31.00	OCCUPATIONAL THERAPY**	0	99,079	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	409,390	33.00
34.00	SPIRITUAL COUNSELING**	0	329,563	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	136,075	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	366,507	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	2,519	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	1,358	40.00
41.00	LABS & DIAGNOSTICS**	0	195	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	698,318	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	192,068	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	-780	0	71.00
100.00	TOTAL	-368,127	11,460,329	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE	Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2020 To 12/31/2020	Worksheet 0-1 Date/Time Prepared: 6/29/2021 2:46 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	0	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2020 To 12/31/2020	Worksheet 0-2 Date/Time Prepared: 6/29/2021 2:46 pm
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		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	312,989	0	312,989	0	26.00
27.00	NURSE PRACTITIONER	577	0	577	0	27.00
28.00	REGISTERED NURSE	3,232,152	0	3,232,152	-10,504	28.00
29.00	LPN/LVN	356,643	13,117	369,760	-230	29.00
30.00	PHYSICAL THERAPY	143,229	0	143,229	-441	30.00
31.00	OCCUPATIONAL THERAPY	92,977	0	92,977	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	389,613	0	389,613	-5,437	33.00
34.00	SPIRITUAL COUNSELING	309,265	0	309,265	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	127,694	0	127,694	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	343,478	3,851	347,329	-3,395	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,364	2,364	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	1,275	1,275	0	40.00
41.00	LABS & DIAGNOSTICS	0	183	183	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-4,050	-4,050	4,050	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	655,309	655,309	0	46.00
100.00	TOTAL *	5,308,617	672,049	5,980,666	-15,957	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	-312,989	0	26.00
27.00	NURSE PRACTITIONER	0	577	27.00
28.00	REGISTERED NURSE	0	3,221,648	28.00
29.00	LPN/LVN	0	369,530	29.00
30.00	PHYSICAL THERAPY	0	142,788	30.00
31.00	OCCUPATIONAL THERAPY	0	92,977	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	384,176	33.00
34.00	SPIRITUAL COUNSELING	0	309,265	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	127,694	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	343,934	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	2,364	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	1,275	40.00
41.00	LABS & DIAGNOSTICS	0	183	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	655,309	46.00
100.00	TOTAL *	-312,989	5,651,720	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESIDENTS  
 CARE

Provider CCN: 15-0056  
 Hospice CCN: 15-1511

Period:  
 From 01/01/2020  
 To 12/31/2020

Worksheet 0-3  
 Date/Time Prepared:  
 6/29/2021 2:46 pm

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED		9,896	9,896	0	9,896	25.00
26.00	PHYSICIAN SERVICES	2,505	0	2,505	0	2,505	26.00
27.00	NURSE PRACTITIONER	5	0	5	0	5	27.00
28.00	REGISTERED NURSE	25,865	0	25,865	-84	25,781	28.00
29.00	LPN/LVN	2,854	105	2,959	-2	2,957	29.00
30.00	PHYSICAL THERAPY	1,146	0	1,146	-4	1,142	30.00
31.00	OCCUPATIONAL THERAPY	744	0	744	0	744	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	3,118	0	3,118	-44	3,074	33.00
34.00	SPIRITUAL COUNSELING	2,475	0	2,475	0	2,475	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	1,022	0	1,022	0	1,022	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,749	31	2,780	-27	2,753	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	19	19	0	19	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	10	10	0	10	40.00
41.00	LABS & DIAGNOSTICS	0	1	1	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-32	-32	32	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5,244	5,244	0	5,244	46.00
100.00	TOTAL *	42,483	15,274	57,757	-129	57,628	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED	0	9,896	25.00
26.00	PHYSICIAN SERVICES	-2,505	0	26.00
27.00	NURSE PRACTITIONER	0	5	27.00
28.00	REGISTERED NURSE	0	25,781	28.00
29.00	LPN/LVN	0	2,957	29.00
30.00	PHYSICAL THERAPY	0	1,142	30.00
31.00	OCCUPATIONAL THERAPY	0	744	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,074	33.00
34.00	SPIRITUAL COUNSELING	0	2,475	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	1,022	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,753	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	19	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	10	40.00
41.00	LABS & DIAGNOSTICS	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5,244	46.00
100.00	TOTAL *	-2,505	55,123	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2020 To 12/31/2020	Worksheet 0-4 Date/Time Prepared: 6/29/2021 2:46 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED		148,851	148,851	0	148,851	25.00
26.00	PHYSICIAN SERVICES	18,037	0	18,037	0	18,037	26.00
27.00	NURSE PRACTITIONER	33	0	33	0	33	27.00
28.00	REGISTERED NURSE	186,267	0	186,267	-605	185,662	28.00
29.00	LPN/LVN	20,553	756	21,309	-13	21,296	29.00
30.00	PHYSICAL THERAPY	8,254	0	8,254	-25	8,229	30.00
31.00	OCCUPATIONAL THERAPY	5,358	0	5,358	0	5,358	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	22,453	0	22,453	-313	22,140	33.00
34.00	SPIRITUAL COUNSELING	17,823	0	17,823	0	17,823	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	7,359	0	7,359	0	7,359	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	19,794	222	20,016	-196	19,820	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	136	136	0	136	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	73	73	0	73	40.00
41.00	LABS & DIAGNOSTICS	0	11	11	0	11	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	-233	-233	233	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	37,765	37,765	0	37,765	46.00
100.00	TOTAL *	305,931	187,581	493,512	-919	492,593	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED	0	148,851	25.00
26.00	PHYSICIAN SERVICES	-18,037	0	26.00
27.00	NURSE PRACTITIONER	0	33	27.00
28.00	REGISTERED NURSE	0	185,662	28.00
29.00	LPN/LVN	0	21,296	29.00
30.00	PHYSICAL THERAPY	0	8,229	30.00
31.00	OCCUPATIONAL THERAPY	0	5,358	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	22,140	33.00
34.00	SPIRITUAL COUNSELING	0	17,823	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	7,359	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	19,820	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	136	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	73	40.00
41.00	LABS & DIAGNOSTICS	0	11	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	37,765	46.00
100.00	TOTAL *	-18,037	474,556	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION	Provider CCN: 15-0056	Period: From 01/01/2020	Worksheet 0-5
	Hospice CCN: 15-1511	To 12/31/2020	Date/Time Prepared: 6/29/2021 2:46 pm

Descriptions		Hospice I			
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	0	17,852	17,852	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	646,801	16,686	663,487	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	655,552	1,579,145	2,234,697	3.00
4.00	ADMINISTRATIVE & GENERAL	2,971,308	2,684,968	5,656,276	4.00
5.00	PLANT OPERATION & MAINTENANCE	105,820	36,247	142,067	5.00
6.00	LAUNDRY & LINEN SERVICE	29,431	0	29,431	6.00
7.00	HOUSEKEEPING	38,672	3,748	42,420	7.00
8.00	DIETARY	3,600	0	3,600	8.00
9.00	NURSING ADMINISTRATION	0	663,788	663,788	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	100,363	100,363	10.00
11.00	MEDICAL RECORDS	0	88,391	88,391	11.00
12.00	STAFF TRANSPORTATION	68,269	0	68,269	12.00
13.00	VOLUNTEER SERVICE COORDINATION	51,992	0	51,992	13.00
14.00	PHARMACY	72,391	177,983	250,374	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	443,026	0	443,026	15.00
16.00	OTHER GENERAL SERVICE	0	29,328	29,328	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	5,651,720	0	5,651,720	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	55,123	0	55,123	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	474,556	0	474,556	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	192,068	0	192,068	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	11,460,329	5,398,499	16,858,828	100.00



COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0056	Period: From 01/01/2020	Worksheet 0-6
		Hospice CCN: 15-1511	To 12/31/2020	Part 1
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Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	17,852	17,852			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	663,487		663,487		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	2,234,697	0	0	2,234,697	3.00
4.00	ADMINISTRATIVE & GENERAL	5,656,276	17,852	663,487	370,287	6,707,902 4.00
5.00	PLANT OPERATION & MAINTENANCE	142,067	0	0	0	142,067 5.00
6.00	LAUNDRY & LINEN SERVICE	29,431	0	0	0	29,431 6.00
7.00	HOUSEKEEPING	42,420	0	0	11,827	54,247 7.00
8.00	DIETARY	3,600	0	0	0	3,600 8.00
9.00	NURSING ADMINISTRATION	663,788	0	0	0	663,788 9.00
10.00	ROUTINE MEDICAL SUPPLIES	100,363	0	0	0	100,363 10.00
11.00	MEDICAL RECORDS	88,391	0	0	0	88,391 11.00
12.00	STAFF TRANSPORTATION	68,269	0	0	0	68,269 12.00
13.00	VOLUNTEER SERVICE COORDINATION	51,992	0	0	16,182	68,174 13.00
14.00	PHARMACY	250,374	0	0	22,531	272,905 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	443,026	0	0	0	443,026 15.00
16.00	OTHER GENERAL SERVICE	29,328	0	0	0	29,328 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0 17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	5,651,720			1,646,056	7,297,776 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	55,123	0	0	13,173	68,296 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	474,556	0	0	94,861	569,417 53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	192,068	0	0	59,780	251,848 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	16,858,828	17,852	663,487	2,234,697	16,858,828 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0056 Hospice CCN: 15-1511	Period: From 01/01/2020 To 12/31/2020	Worksheet 0-6 Part 1 Date/Time Prepared: 6/29/2021 2:46 pm
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Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	6,707,902					5.00
6.00	93,880	235,947				6.00
7.00	19,449	0	48,880			7.00
8.00	35,847	0		90,094		8.00
9.00	2,379	0		0	5,979	9.00
10.00	438,642	0		0		10.00
11.00	66,322	0		0		11.00
12.00	58,410	0		0		12.00
13.00	45,113	0		0		13.00
14.00	45,051	0		0		14.00
15.00	180,340	0		0		15.00
16.00	292,759	0		0		16.00
17.00	19,380	235,947		90,094		17.00
17.00	0	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE					50.00
51.00	HOSPICE ROUTINE HOME CARE					51.00
52.00	4,822,494					52.00
53.00	45,131	0	7,734	0	946	53.00
53.00	376,280	0	41,146	0	5,033	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM					60.00
61.00	166,425	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00	0	0		0		70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
99.00	0	0	0	0	0	99.00
100.00	6,707,902	235,947	48,880	90,094	5,979	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2020

Part 1  
Date/Time Prepared:  
6/29/2021 2:46 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	1,102,430					9.00
10.00	0	166,685				10.00
11.00	0		146,801			11.00
12.00	0			113,382		12.00
13.00	0			0	113,225	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	1,102,430			0	113,225	16.00
17.00						17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	0	156,419	137,760	106,399	0	51.00
52.00	0	1,252	1,102	851	0	52.00
53.00	0	9,014	7,939	6,132	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	1,102,430	166,685	146,801	113,382	113,225	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0056

Period: From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2020

Part 1  
Date/Time Prepared:  
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Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	453,245	735,785				15.00
16.00	0		1,590,404			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	425,330	690,469	1,492,452		15,129,099	51.00
52.00	3,404	5,525	11,943	0	146,184	52.00
53.00	24,511	39,791	86,009	0	1,165,272	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		418,273	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	453,245	735,785	1,590,404	0	16,858,828	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 15-0056  
Hospice CCN: 15-1511

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet 0-6  
Part 11  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	5,481					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		13,265				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	7,179,856			3.00
4.00	ADMINISTRATIVE & GENERAL	5,481	13,265	1,189,695	-6,707,902	10,150,926	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	142,067	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	29,431	6.00
7.00	HOUSEKEEPING	0	0	38,000	0	54,247	7.00
8.00	DIETARY	0	0	0	0	3,600	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	663,788	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	100,363	10.00
11.00	MEDICAL RECORDS	0	0	0	0	88,391	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	68,269	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	51,992	0	68,174	13.00
14.00	PHARMACY	0	0	72,391	0	272,905	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	443,026	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	29,328	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			5,288,609	0	7,297,776	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	42,322	0	68,296	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	304,779	0	569,417	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	192,068	0	251,848	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	17,852	663,487	2,234,697		6,707,902	100.00
101.00	UNIT COST MULTIPLIER	3.257070	50.017867	0.311245		0.660817	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 15-0056

Period: From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2020

Part 11  
Date/Time Prepared:  
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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	5,481					5.00
6.00	LAUNDRY & LINEN SERVICE	0	3,160				6.00
7.00	HOUSEKEEPING	0		5,481			7.00
8.00	DIETARY	0		0	3,160		8.00
9.00	NURSING ADMINISTRATION	0		0		52	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	5,481		5,481		52	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	500	0	500	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	2,660	0	2,660	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	235,947	48,880	90,094	5,979	1,102,430	100.00
101.00	UNIT COST MULTIPLIER	43.048166	15.468354	16.437511	1.892089	21,200.576923	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 15-0056

Hospice CCN: 15-1511

Period:  
From 01/01/2020  
To 12/31/2020

Worksheet 0-6  
Part 11  
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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	82,563					10.00
11.00	MEDICAL RECORDS		82,563				11.00
12.00	STAFF TRANSPORTATION			82,563			12.00
13.00	VOLUNTEER SERVICE COORDINATION				2,002		13.00
14.00	PHARMACY					82,563	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES						15.00
16.00	OTHER GENERAL SERVICE				2,002		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	77,478	77,478	77,478	0	77,478	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	620	620	620	0	620	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,465	4,465	4,465	0	4,465	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	166,685	146,801	113,382	113,225	453,245	100.00
101.00	UNIT COST MULTIPLIER	2.018883	1.778048	1.373279	56.555944	5.489687	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 15-0056

Period:  
From 01/01/2020

Worksheet 0-6

Hospice CCN: 15-1511

To 12/31/2020

Part 11  
Date/Time Prepared:  
6/29/2021 2:46 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	82,563				15.00
16.00	OTHER GENERAL SERVICE		82,563			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	77,478	77,478			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	620	620	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,465	4,465	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM			0		60.00
61.00	VOLUNTEER PROGRAM			0		61.00
62.00	FUNDRAISING			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0		63.00
64.00	PALLIATIVE CARE PROGRAM			0		64.00
65.00	OTHER PHYSICIAN SERVICES			0		65.00
66.00	RESIDENTIAL CARE	0		0		66.00
67.00	ADVERTISING			0		67.00
68.00	TELEHEALTH/TELEMONITORING			0		68.00
69.00	THRIFT STORE			0		69.00
70.00	NURSING FACILITY ROOM & BOARD			0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	735,785	1,590,404	0		100.00
101.00	UNIT COST MULTIPLIER	8.911801	19.262914	0.000000		101.00



APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE  
 Provider CCN: 15-0056  
 Hospice CCN: 15-1511  
 Period: From 01/01/2020 To 12/31/2020  
 Worksheet 0-7  
 Date/Time Prepared: 6/29/2021 2:46 pm

Cost Center Descriptions		From Wkst. C, Part 1, Col. 9 Line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
				HCHC	HRHC	HIRC		
				2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00		
1.00	PHYSICAL THERAPY	66.00	0.440245	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.336619	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.381488	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.195863	0	0	0	4.00	
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.945878	0	0	0	4.03	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.159397	0	0	0	6.00	
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.228154	0	0	0	6.01	
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.000000	0	0	0	6.02	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.267218	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.085654	0	0	0	9.00	
10.00	RH NBN ECMO IC	76.00	0.356150	0	0	0	10.00	
10.01	CARDIOLOGY	76.01	0.068258	0	0	0	10.01	
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	1,465.982558	0	0	0	10.02	
10.03	CARDIAC CATH	76.03	0.099177	0	0	0	10.03	
10.04	DAY SURGERY	76.04	0.347700	0	0	0	10.04	
10.05	ONCOLOGY	76.05	0.000000	0	0	0	10.05	
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	0	10.06	
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	0	10.07	
10.08	ECMO-ADULT	76.08	0.173881	0	0	0	10.08	
10.97	CARDIAC REHABILITATION	76.97	0.446753	0	0	0	10.97	
11.00	Totals (sum of lines 1-11)						11.00	
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC				
		HGIP		HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00		6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00	
4.03	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	4.03	
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00	
6.00	LABORATORY	0	0	0	0	0	6.00	
6.01	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	6.01	
6.02	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	6.02	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00	
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00	
10.00	RH NBN ECMO IC	0	0	0	0	0	10.00	
10.01	CARDIOLOGY	0	0	0	0	0	10.01	
10.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.02	
10.03	CARDIAC CATH	0	0	0	0	0	10.03	
10.04	DAY SURGERY	0	0	0	0	0	10.04	
10.05	ONCOLOGY	0	0	0	0	0	10.05	
10.06	DAY SURGERY-RILEY	0	0	0	0	0	10.06	
10.07	CARDIOLOGY-RILEY	0	0	0	0	0	10.07	
10.08	ECMO-ADULT	0	0	0	0	0	10.08	
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97	
11.00	Totals (sum of lines 1-11)						11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0056

Period: From 01/01/2020

Worksheet 0-8

Hospice CCN: 15-1511

To 12/31/2020

Date/Time Prepared: 6/29/2021 2:46 pm

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
<b>HOSPICE CONTINUOUS HOME CARE</b>					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
<b>HOSPICE ROUTINE HOME CARE</b>					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			15,129,099	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			77,478	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			195.27	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	66,693	4,582		9.00
10.00	Program cost (line 8 times line 9)	13,023,142	894,727		10.00
<b>HOSPICE INPATIENT RESPITE CARE</b>					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			146,184	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			620	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			235.78	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	549	39		14.00
15.00	Program cost (line 13 times line 14)	129,443	9,195		15.00
<b>HOSPICE GENERAL INPATIENT CARE</b>					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,165,272	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			4,465	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			260.98	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	3,630	418		19.00
20.00	Program cost (line 18 times line 19)	947,357	109,090		20.00
<b>TOTAL HOSPICE CARE</b>					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			16,440,555	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			82,563	22.00
23.00	Average cost per diem (line 21 divided by line 22)			199.13	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0056	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 6/29/2021 2:46 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		10,859,047	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		890,578	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)		853.47	3.00
4.00	Number of interns & residents (see instructions)		555.48	4.00
5.00	Indirect medical education percentage (see instructions)		20.17	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)		2,190,270	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.41	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		40.32	8.00
9.00	Sum of lines 7 and 8		46.73	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.92	10.00
11.00	Disproportionate share adjustment (see instructions)		1,077,217	11.00
12.00	Total prospective capital payments (see instructions)		15,017,112	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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