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

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/20/2013 4:11 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/16/2012 Time: 8:49 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RUSH UNIVERSITY MEDICAL CENTER (140119) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	7,030,638	3,161,886	705,340	0	1.00
2.00	Subprovider - IPF	0	72,714	0		0	2.00
3.00	Subprovider - IRF	0	232,787	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	7,336,139	3,161,886	705,340	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140119

Period: From 07/01/2012 To 06/30/2013

Worksheet S-2 Part I Date/Time Prepared: 11/20/2013 4:11 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1653 W. CONGRESS PARKWAY	PO Box:			1.00
2.00	City: CHICAGO	State: IL	Zip Code: 60612	County: COOK	2.00

		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	RUSH UNIVERSITY MEDICAL CENTER	140119	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF	R.U.M.C. PSYCHIATRIC UNIT	14S119	16974	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF	R.U.M.C. REHABILITATION UNIT	14T119	16974	5	07/01/1984	N	P	N	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									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									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 Dialysis	RUSH ESRD	142312	16974		01/01/2004				18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2012	06/30/2013	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
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.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	36,329	2,292	366	0	7,273	2,790	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	1,032	0	0	0	539	0	25.00

		Urban/Rural S 1.00	Date of Geogr 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Beginning: 1.00	Ending: 2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

		Y/N 1.00	Y/N 2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			39.00

		V 1.00	XVIII 2.00	XIX 3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 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)	N			0.00	0.00	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)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00			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)		0.00	0.00			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).		0.00	0.00			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)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider 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)	22.85	303.92	0.069927	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)	INTERNAL MEDICINE	1400	13.54	96.04	0.123563	65.00
65.01		MED/PEDS	1450	0.62	14.75	0.040338	65.01
65.02		OB GYNE	1750	2.94	17.92	0.140940	65.02
65.03		PEDIATRICS	2000	0.50	34.18	0.014418	65.03

		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 non-provider 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)	18.90	333.97	0.053561	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
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)	INTERNAL MEDICINE	1400	8.49	107.64	0.073108	67.00
67.01		MED/PEDS	1450	0.67	15.24	0.042112	67.01
67.02		OB GYNE	1750	3.46	16.75	0.171202	67.02
67.03		PEDIATRICS	2000	0.86	33.97	0.024691	67.03

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part I Date/Time Prepared: 11/20/2013 4:11 pm

		V	XIX	
		1.00	2.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			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.					109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If 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 hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.	0			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/01/1977		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.	11/08/1996		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.	04/30/1991		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.			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.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140119

Period: From 07/01/2012 To 06/30/2013

Worksheet S-2 Part I Date/Time Prepared: 11/20/2013 4:11 pm

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.

	1.00	2.00	3.00	
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
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

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)

		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00	
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

Multicampus

		1.00	
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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						0.00	166.00

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

		1.00	
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
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)	1.00	169.00

		Beginning 1.00	Ending 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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part II Date/Time Prepared: 11/20/2013 4:11 pm

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

		Y/N	Date	
		1.00	2.00	
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

Financial Data and Reports

		Y/N	Type	Date	
		1.00	2.00	3.00	
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

Approved Educational Activities

		Y/N	Legal Oper.	
		1.00	2.00	
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

Bad Debts

		Y/N	
		1.00	
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00

Bed Complement

15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

PS&R Data

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
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)		N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		Y		Y	21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed 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	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	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.	N	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.	N	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?	N		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.	N		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.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		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.	BOBBY	WILLIAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH UNIVERSITY MEDICAL CENTER		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-942-8955	BOBBY_G_WILLIAMS@RUSH.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE		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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140119

Period: From 07/01/2012 To 06/30/2013

Worksheet S-2 Part V

Date/Time Prepared: 11/20/2013 4:11 pm

		1.00	
	Cost Report Preparer Contact Information		
1.00	First Name	BOBBY	1.00
2.00	Last Name	WILLIAMS	2.00
3.00	Title	DIRECTOR OF FINANCE	3.00
4.00	Employer	RUSH UNIVERSITY MEDICAL CENTER	4.00
5.00	Phone Number	(312)942-8955	5.00
6.00	E-mail Address	BOBBY_G_WILLIAMS@RUSH.EDU	6.00
7.00	Department	FINANCE	7.00
8.00	Mailing Address 1	1700 W VAN BUREN	8.00
9.00	Mailing Address 2	SUITE 281	9.00
10.00	City	CHICAGO	10.00
11.00	State	IL	11.00
12.00	Zip	60612-3244	12.00
	Officer or Administrator of Provider Contact Information		
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 11/20/2013 4:11 pm

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2013 4:11 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	379	139,719	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)		379	139,719	0.00	0	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	50	18,258	0.00	0	11.00
12.00	MEDICAL INTENSIVE CARE UNIT	35.00	52	17,024	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	20	7,324	0.00	0	12.01
12.02	PREMATURE INTENSIVE CARE UNIT	35.02	57	20,805	0.00	0	12.02
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		558	203,130	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	67	24,455		0	16.00
17.00	SUBPROVIDER - IRF	41.00	54	19,710		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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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						26.25
27.00	Total (sum of lines 14-26)		679				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)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2013 4:11 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)	38,173	19,705	102,119			1.00
2.00	HMO and other (see instructions)	2,864	10,429				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	539				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	38,173	19,705	102,119			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	5,378	1,882	13,483			11.00
12.00	MEDICAL INTENSIVE CARE UNIT	6,651	2,295	13,129			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	23	1,867	3,158			12.01
12.02	PREMATURE INTENSIVE CARE UNIT	0	10,336	14,537			12.02
13.00	NURSERY		2,536	3,982			13.00
14.00	Total (see instructions)	50,225	38,621	150,408	509.53	7,443.28	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	6,749	4,444	16,377	4.78	85.30	16.00
17.00	SUBPROVIDER - IRF	6,967	1,032	11,174	3.37	61.20	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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				517.68	7,589.78	27.00
28.00	Observation Bed Days		0	6,091			28.00
29.00	Ambulance Trips	0					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	0			32.00
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part I Date/Time Prepared: 11/20/2013 4:11 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	9,666	5,910	28,580	1.00
2.00	HMO and other (see instructions)			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	MEDICAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
12.02	PREMATURE INTENSIVE CARE UNIT						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	9,666	5,910	28,580	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	559	581	1,809	16.00
17.00	SUBPROVIDER - IRF	0.00	0	589	82	907	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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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						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
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	598,411,115	0	598,411,115	16,066,928.00	37.24	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		17,156,280	0	17,156,280	164,781.00	104.12	4.00
4.01	Physicians - Part A - Teaching		3,988,122	0	3,988,122	39,205.00	101.72	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	31,577,477	1,011,746	32,589,223	1,334,165.00	24.43	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		197,798,754	1,499,094	199,297,848	4,024,681.00	49.52	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		510,364	0	510,364	8,155.00	62.58	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		151,050,931	0	151,050,931			17.00
18.00	Wage-related costs (other) (see instructions)		6,815,989	0	6,815,989			18.00
19.00	Excluded areas		50,047,882	0	50,047,882			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		3,187,047	0	3,187,047			22.00
22.01	Physician Part A - Teaching		745,875	0	745,875			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		11,747,007	0	11,747,007			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,671,215	-4,929	2,666,286	92,340.00	28.87	26.00
27.00	Administrative & General	5.00	88,447,158	-560,258	87,886,900	2,258,707.00	38.91	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	12,958,207	-31,915	12,926,292	393,916.00	32.81	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	515,597	0	515,597	25,403.00	20.30	31.00
32.00	Housekeeping	9.00	13,129,406	0	13,129,406	705,145.00	18.62	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,289,607	-6,961	6,282,646	286,821.00	21.90	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,902,649	0	1,902,649	106,587.00	17.85	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,694,927	-15,676	5,679,251	296,432.00	19.16	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	9,483,790	-876,436	8,607,354	220,964.00	38.95	40.00
41.00	Medical Records & Medical Records Library	16.00	9,806,939	-26,572	9,780,367	277,739.00	35.21	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/20/2013 4:11 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	26,419,492	-2,059,414	24,360,078	769,753.00	31.65	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
11/20/2013 4:11 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		562,845,516	-1,011,746	561,833,770	14,693,558.00	38.24	1.00
2.00	Excluded area salaries (see instructions)		197,798,754	1,499,094	199,297,848	4,024,681.00	49.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)		365,046,762	-2,510,840	362,535,922	10,668,877.00	33.98	3.00
4.00	Subtotal other wages & related costs (see inst.)		510,364	0	510,364	8,155.00	62.58	4.00
5.00	Subtotal wage-related costs (see inst.)		161,053,967	0	161,053,967	0.00	44.42	5.00
6.00	Total (sum of lines 3 thru 5)		526,611,093	-2,510,840	524,100,253	10,677,032.00	49.09	6.00
7.00	Total overhead cost (see instructions)		177,318,987	-3,582,161	173,736,826	5,433,807.00	31.97	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/20/2013 4:11 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	10,543,456	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	47,703,918	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	53,016,566	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,150,710	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	2,037,916	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,363,663	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	360,649	16.00
	TAXES		
17.00	FICA-Employers Portion Only	30,771,580	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	865,039	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	2,237,434	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	151,050,931	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	6,815,989	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part V Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-5 | Date/Time Prepared: 11/20/2013 4:11 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	7	0	0	0	4	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	4.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	0	176					5.00
6.00	Number of stations	0	5	0	0			6.00
7.00	Treatment capacity per day per station	0	2					7.00
8.00	Utilization (see instructions)	0.00	49.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

		Y/N	
		1.00	
	ESRD PPS		
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)	N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)	Y	10.02

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	1		11.00
12.00	Number of patients transplanted during the cost reporting period	1		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

		MCP	INITIAL METHOD	
		1.00	2.00	
	PHYSICIAN PAYMENT METHOD			
21.00	Enter "X" if method(s) is applicable	X		21.00

		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1.00	2.00	3.00	4.00	5.00	
	ESAs						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)		33,200	0	2,805,000	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/20/2013 4:11 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.253626	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	92,702,515	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	23,463,584	5.00
6.00	Medicaid charges	550,895,005	6.00
7.00	Medicaid cost (line 1 times line 6)	139,721,297	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)	23,555,198	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	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)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	1,087,596	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	23,555,198	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	103,741,678	6,808,553	110,550,231	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	26,311,587	1,726,826	28,038,413	21.00
22.00	Partial payment by patients approved for charity care	56,069	36,126	92,195	22.00
23.00	Cost of charity care (line 21 minus line 22)	26,255,518	1,690,700	27,946,218	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	14,991,063	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	7,048,561	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)	7,942,502	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,014,425	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	29,960,643	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	53,515,841	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A | Date/Time Prepared: 11/20/2013 4:11 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL		-9,548,182	-9,548,182	21,060,033	11,511,851	1.01
1.02	00102	DEPRECIATION DIRECT BLDG		0	0	8,742,026	8,742,026	1.02
1.03	00103	DEPRECIATION KELLOGG PAV		0	0	3,421,932	3,421,932	1.03
1.04	00104	DEPRECIATION JELKE SOUTH		0	0	3,337,725	3,337,725	1.04
1.05	00105	DEPRECIATION ATRIUM PAV		0	0	4,011,915	4,011,915	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH		0	0	1,508,788	1,508,788	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH		0	0	1,312,131	1,312,131	1.07
1.08	00108	DEPRECIATION WOOD ST		0	0	315,416	315,416	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY		0	0	1,450,755	1,450,755	1.09
1.10	00110	DEPRECIATION PRO BLDG III		0	0	1,086,104	1,086,104	1.10
1.11	00111	DEPRECIATION JRB		0	0	810,455	810,455	1.11
1.12	00112	DEPRECIATION TOB		0	0	1,026,665	1,026,665	1.12
1.13	00113	DEPRECIATION EQUIPMENT		0	0	49,681,395	49,681,395	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS		0	0	1,093,822	1,093,822	1.14
1.15	00115	DEPRECIATION KIDSTON		0	0	54,898	54,898	1.15
1.16	00116	DEPRECIATION COHN		0	0	1,570,707	1,570,707	1.16
1.17	00117	DEPRECIATION TOWER		0	0	19,432,145	19,432,145	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
2.01	00201	INTEREST GENERAL		32,027,177	32,027,177	-28,434,611	3,592,566	2.01
2.02	00202	INTEREST DIRECT BLDG		0	0	1,618,225	1,618,225	2.02
2.03	00203	INTEREST ATRUM PAV		0	0	5,343,752	5,343,752	2.03
2.04	00204	INTEREST PRO BLDG SOUTH		0	0	843,128	843,128	2.04
2.05	00205	INTEREST TOB		0	0	1,281,368	1,281,368	2.05
2.06	00206	INTEREST PRO BLDG III		0	0	18,153	18,153	2.06
2.07	00207	INTEREST TOWER		0	0	19,228,706	19,228,706	2.07
2.08	00208	INTEREST PRO BLDG NORTH		0	0	101,279	101,279	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,671,215	-25,289,364	-22,618,149	152,144,821	129,526,672	4.00
5.01	00510	TRANSITION RECRUITMENT	948,052	38,637,733	39,585,785	-262,783	39,323,002	5.01
5.02	00511	PARKING GARAGE	0	3,719,707	3,719,707	723,915	4,443,622	5.02
5.03	00512	RESEARCH ADMINISTRATION	2,702,206	10,480,204	13,182,410	-7,228,236	5,954,174	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	2,839,105	2,001,567	4,840,672	-1,010,353	3,830,319	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	2,792,142	1,463,419	4,255,561	-1,124,168	3,131,393	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	593,034	351,646	944,680	-1,511,470	-566,790	5.06
5.07	00516	ADMIN & GEN PT SERVICE	14,030,325	15,609,079	29,639,404	13,870,551	43,509,955	5.07
5.08	00517	PERSONNEL DEPARTMENT	2,947,821	3,370,159	6,317,980	-1,221,587	5,096,393	5.08
5.09	00518	RESEARCH FACULTY	9,046,166	8,470,841	17,517,007	-4,676,119	12,840,888	5.09
5.10	00519	RESEARCH SPA	5,691,807	5,791,674	11,483,481	-2,011,890	9,471,591	5.10
5.11	00560	CORPORATE ADMINISTRATION	46,856,500	47,484,875	94,341,375	7,409,403	101,750,778	5.11
6.00	00600	MAINTENANCE & REPAIRS	12,958,207	42,134,768	55,092,975	-3,781,253	51,311,722	6.00
6.01	00601	RENTED SPACE COSTS	0	90,769	90,769	0	90,769	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	515,597	4,265,552	4,781,149	-1,011,215	3,769,934	8.00
9.00	00900	HOUSEKEEPING	13,129,406	7,115,146	20,244,552	-3,408,418	16,836,134	9.00
10.00	01000	DIETARY	490,077	333,707	823,784	-315,241	508,543	10.00
10.01	01001	PATIENT FOOD SERVICE	5,799,530	5,448,351	11,247,881	-3,226,527	8,021,354	10.01
11.00	01100	CAFETERIA	1,902,649	3,759,009	5,661,658	-2,269,660	3,391,998	11.00
13.00	01300	NURSING ADMINISTRATION	5,694,927	3,872,319	9,567,246	-2,424,466	7,142,780	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,019,935	3,019,935	-2,772,405	247,530	14.00
15.00	01500	PHARMACY	9,483,790	66,717,013	76,200,803	-29,829,650	46,371,153	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,765,439	3,357,328	7,122,767	-1,590,666	5,532,101	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	6,041,500	2,867,417	8,908,917	-1,968,811	6,940,106	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,800,585	607,341	2,407,926	-610,376	1,797,550	18.00
18.01	01080	CLINICAL LAB ADMIN PED	185,020	340,306	525,326	-241,171	284,155	18.01
18.02	01081	CLINICAL LAB ADMIN OB	1,344,017	613,645	1,957,662	-385,373	1,572,289	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	2,158,960	1,437,706	3,596,666	-682,489	2,914,177	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	286,211	289,169	575,380	82,013	657,393	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	1,645	1,411,916	1,413,561	-755,543	658,018	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	-3,054	226,877	223,823	-124,659	99,164	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	19,451	19,451	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	523,140	197,370	720,510	866,189	1,586,699	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	961,097	1,264,832	2,225,929	-344,922	1,881,007	18.09
18.12	01091	DISCRETIONARY OPERATIONS	7,218,860	4,239,639	11,458,499	-6,097,253	5,361,246	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	3,525,391	-7,850,162	-4,324,771	10,161,277	5,836,506	18.14
18.16	01095	NURSING SCHOOL SPLIT	8,417,620	8,635,992	17,053,612	-7,305,692	9,747,920	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	2,569,101	2,569,101	19.00
20.00	02000	NURSING SCHOOL	0	0	0	3,740,800	3,740,800	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31,577,477	17,539,137	49,116,614	-14,778,887	34,337,727	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,364,345	3,621,746	9,986,091	-2,545,362	7,440,729	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,568,591	5,990,048	7,558,639	-5,986,894	1,571,745	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	260,950	92,027	352,977	38,211	391,188	23.01
23.02	02302	PARAMED DIETARY	334,206	119,614	453,820	17,041	470,861	23.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A | Date/Time Prepared: 11/20/2013 4:11 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	
23.03	02303	PARAMED SPEECH	1,078,499	529,205	1,607,704	102,997	1,710,701	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	632,527	303,903	936,430	61,347	997,777	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	343	343	119,076	119,419	23.05
23.06	02306	PARAMED PASTORAL CARE	142,004	37,310	179,314	234,731	414,045	23.06
23.07	02307	PARAMED TECHNOLOGY	645,112	401,650	1,046,762	110,950	1,157,712	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	210,964	140,127	351,091	36,648	387,739	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	477,304	477,304	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	513,729	308,978	822,707	18,520	841,227	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	598,860	310,570	909,430	88,134	997,564	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,808,814	31,443,966	77,252,780	-27,541,785	49,710,995	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,219,578	7,377,837	18,597,415	-5,782,959	12,814,456	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	12,659,658	7,684,071	20,343,729	-6,379,870	13,963,859	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	3,998,530	2,080,589	6,079,119	-1,605,556	4,473,563	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	9,838,382	4,750,818	14,589,200	-3,464,029	11,125,171	35.02
40.00	04000	SUBPROVIDER - IPF	6,589,251	3,743,582	10,332,833	-3,535,074	6,797,759	40.00
41.00	04100	SUBPROVIDER - IRF	4,470,634	2,912,277	7,382,911	-2,712,626	4,670,285	41.00
43.00	04300	NURSERY	0	-12	-12	1,716,456	1,716,444	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,480,203	89,445,026	104,925,229	-63,449,562	41,475,667	50.00
51.00	05100	RECOVERY ROOM	3,921,793	3,688,095	7,609,888	-3,368,116	4,241,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,280,366	2,433,680	6,714,046	-1,809,693	4,904,353	52.00
53.00	05300	ANESTHESIOLOGY	3,031,273	4,631,323	7,662,596	-4,534,150	3,128,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,290,202	17,638,643	28,928,845	-10,459,991	18,468,854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,857,945	6,909,341	9,767,286	-2,473,224	7,294,062	55.00
56.00	05600	RADIOISOTOPE	799,180	2,588,206	3,387,386	-791,873	2,595,513	56.00
60.00	06000	LABORATORY	20,197,159	33,543,587	53,740,746	-10,790,486	42,950,260	60.00
60.01	06002	LABORATORY - HLA	469,060	568,490	1,037,550	-222,629	814,921	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,045,861	11,483,826	13,529,687	-1,165,128	12,364,559	62.00
64.00	06400	INTRAVENOUS THERAPY	188,648	228,229	416,877	-71,234	345,643	64.00
65.00	06500	RESPIRATORY THERAPY	4,214,132	4,354,602	8,568,734	-1,820,985	6,747,749	65.00
66.00	06600	PHYSICAL THERAPY	3,273,244	2,006,912	5,280,156	-1,891,149	3,389,007	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,225,047	1,332,540	3,557,587	-1,233,154	2,324,433	67.00
68.00	06800	SPEECH PATHOLOGY	1,293,123	952,753	2,245,876	-742,324	1,503,552	68.00
69.00	06900	ELECTROCARDIOLOGY	2,530,015	10,582,489	13,112,504	-7,520,271	5,592,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	876,807	601,979	1,478,786	-485,186	993,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	574,975	574,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	55,117,088	55,117,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,296,490	25,296,490	73.00
74.00	07400	RENAL DIALYSIS	246,392	2,843,700	3,090,092	-2,610,876	479,216	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	2,392,829	2,392,829	76.00
76.01	03021	PSYCH DAY HOSPITAL	2,356,497	1,493,937	3,850,434	-916,209	2,934,225	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,458,420	24,888,948	36,347,368	-11,592,701	24,754,667	90.00
91.00	09100	EMERGENCY	8,791,223	7,718,673	16,509,896	-5,919,867	10,590,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,335,951	4,132,073	5,468,024	-453,700	5,014,324	105.00
106.00	10600	HEART ACQUISITION	766,980	644,532	1,411,512	-212,678	1,198,834	106.00
107.00	10700	LIVER ACQUISITION	637,825	1,325,393	1,963,218	-202,992	1,760,226	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	56,539	242,013	298,552	-15,857	282,695	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	420,454,983	614,633,256	1,035,088,239	100,627,757	1,135,715,996	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	763,267	2,934,661	3,697,928	-996,713	2,701,215	190.00
190.01	19001	FUND RAISING	3,319,267	2,472,592	5,791,859	-1,213,388	4,578,471	190.01
190.02	19002	RUSH DAY SCHOOL	1,418,335	660,895	2,079,230	-393,180	1,686,050	190.02
191.00	19100	RESEARCH	22,903,461	17,567,030	40,470,491	-60,842	40,409,649	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	8,611,813	4,213,130	12,824,943	0	12,824,943	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,504,471	24,329,132	26,833,603	-25,688,347	1,145,256	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	109,255,562	80,453,172	189,708,734	-56,802,237	132,906,497	192.00
194.00	07950	MEDICAL COLLEGE	14,026,925	14,896,638	28,923,563	-10,404,878	18,518,685	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,126,297	26,122,062	30,248,359	-1,389,914	28,858,445	194.01
194.02	07952	AFFIL CORP ROOM 500	796,980	2,061,336	2,858,316	-1,416,846	1,441,470	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A | Date/Time Prepared: 11/20/2013 4:11 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	
194.03	07953	AFFIL CORP JOINT VENTURES	9,577,900	17,395,862	26,973,762	-2,098,615	24,875,147	194.03
194.04	07954	CON - GNE	651,854	380,543	1,032,397	-162,797	869,600	194.04
200.00		TOTAL (SUM OF LINES 118-199)	598,411,115	808,120,309	1,406,531,424	0	1,406,531,424	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	108,098	11,619,949		1.01
1.02	00102	DEPRECIATION DIRECT BLDG	-33,049	8,708,977		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	3,421,932		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	3,337,725		1.04
1.05	00105	DEPRECIATION ATRIUM PAV	19,947	4,031,862		1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	1,508,788		1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	119,472	1,431,603		1.07
1.08	00108	DEPRECIATION WOOD ST	0	315,416		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	7,660	1,458,415		1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,086,104		1.10
1.11	00111	DEPRECIATION JRB	357,514	1,167,969		1.11
1.12	00112	DEPRECIATION TOB	0	1,026,665		1.12
1.13	00113	DEPRECIATION EQUIPMENT	-911,017	48,770,378		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	1,093,822		1.14
1.15	00115	DEPRECIATION KIDSTON	0	54,898		1.15
1.16	00116	DEPRECIATION COHN	0	1,570,707		1.16
1.17	00117	DEPRECIATION TOWER	0	19,432,145		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
2.01	00201	INTEREST GENERAL	-1,056,410	2,536,156		2.01
2.02	00202	INTEREST DIRECT BLDG	-475,845	1,142,380		2.02
2.03	00203	INTEREST ATRUM PAV	-1,571,351	3,772,401		2.03
2.04	00204	INTEREST PRO BLDG SOUTH	-247,925	595,203		2.04
2.05	00205	INTEREST TOB	-376,791	904,577		2.05
2.06	00206	INTEREST PRO BLDG III	-5,338	12,815		2.06
2.07	00207	INTEREST TOWER	-5,654,276	13,574,430		2.07
2.08	00208	INTEREST PRO BLDG NORTH	-29,781	71,498		2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,403,975	149,930,647		4.00
5.01	00510	TRANSITION RECRUITMENT	-38,799,513	523,489		5.01
5.02	00511	PARKING GARAGE	-9,591,692	-5,148,070		5.02
5.03	00512	RESEARCH ADMINISTRATION	0	5,954,174		5.03
5.04	00513	ADMIN & GEN INPT SERVICE	-4,720	3,825,599		5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	3,131,393		5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	-566,790		5.06
5.07	00516	ADMIN & GEN PT SERVICE	-1,562,154	41,947,801		5.07
5.08	00517	PERSONNEL DEPARTMENT	0	5,096,393		5.08
5.09	00518	RESEARCH FACULTY	-154,565	12,686,323		5.09
5.10	00519	RESEARCH SPA	-517,538	8,954,053		5.10
5.11	00560	CORPORATE ADMINISTRATION	-40,017,118	61,733,660		5.11
6.00	00600	MAINTENANCE & REPAIRS	-657,461	50,654,261		6.00
6.01	00601	RENTED SPACE COSTS	0	90,769		6.01
8.00	00800	LAUNDRY & LINEN SERVICE	-27,407	3,742,527		8.00
9.00	00900	HOUSEKEEPING	-74,354	16,761,780		9.00
10.00	01000	DIETARY	-669	507,874		10.00
10.01	01001	PATIENT FOOD SERVICE	-47,804	7,973,550		10.01
11.00	01100	CAFETERIA	-2,874,500	517,498		11.00
13.00	01300	NURSING ADMINISTRATION	-136,145	7,006,635		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	247,530		14.00
15.00	01500	PHARMACY	0	46,371,153		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-22,584	5,509,517		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	-151,240	6,788,866		16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	1,797,550		18.00
18.01	01080	CLINICAL LAB ADMIN PED	-112,992	171,163		18.01
18.02	01081	CLINICAL LAB ADMIN OB	-218,215	1,354,074		18.02
18.03	01082	CLINICAL LAB ADMIN SURG	-719,603	2,194,574		18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	-210,728	446,665		18.04
18.05	01084	CLINICAL LAB ADMIN PATH	-55,954	602,064		18.05
18.06	01085	CLINICAL LAB ADMIN CARD	-168,154	-68,990		18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	-24,009	-4,558		18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	-1,231,404	355,295		18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	-399	1,880,608		18.09
18.12	01091	DISCRETIONARY OPERATIONS	-7,362,281	-2,001,035		18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	-1,157,109	4,679,397		18.14
18.16	01095	NURSING SCHOOL SPLIT	0	9,747,920		18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	-2,569,101	0		19.00
20.00	02000	NURSING SCHOOL	-16,361,373	-12,620,573		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,380,806	32,956,921		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-721,343	6,719,386		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	-1,363,055	208,690		23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-829,955	-438,767		23.01
23.02	02302	PARAMED DIETARY	-694,616	-223,755		23.02
23.03	02303	PARAMED SPEECH	-2,523,858	-813,157		23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-2,121,990	-1,124,213		23.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
23.05	02305	PARAMED MEDICAL PHYSICS	0	119,419		23.05
23.06	02306	PARAMED PASTORAL CARE	-4,500	409,545		23.06
23.07	02307	PARAMED TECHNOLOGY	-2,271,436	-1,113,724		23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-682,850	-295,111		23.08
23.09	02309	PARAMED PHARMACY	-46,000	431,304		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-1,756,841	-915,614		23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-2,211,314	-1,213,750		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-42,432	49,668,563		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-4,027	12,810,429		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	-199,908	13,763,951		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	4,473,563		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	-178,661	10,946,510		35.02
40.00	04000	SUBPROVIDER - IPF	0	6,797,759		40.00
41.00	04100	SUBPROVIDER - IRF	0	4,670,285		41.00
43.00	04300	NURSERY	0	1,716,444		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-8,519	41,467,148		50.00
51.00	05100	RECOVERY ROOM	0	4,241,772		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,904,353		52.00
53.00	05300	ANESTHESIOLOGY	-97,573	3,030,873		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-122,331	18,346,523		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,294,062		55.00
56.00	05600	RADIOISOTOPE	-102	2,595,411		56.00
60.00	06000	LABORATORY	-2,917,972	40,032,288		60.00
60.01	06002	LABORATORY - HLA	-1,278	813,643		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-2,223	12,362,336		62.00
64.00	06400	INTRAVENOUS THERAPY	-9	345,634		64.00
65.00	06500	RESPIRATORY THERAPY	-34,452	6,713,297		65.00
66.00	06600	PHYSICAL THERAPY	-5,335	3,383,672		66.00
67.00	06700	OCCUPATIONAL THERAPY	-26	2,324,407		67.00
68.00	06800	SPEECH PATHOLOGY	-3,805	1,499,747		68.00
69.00	06900	ELECTROCARDIOLOGY	-311,716	5,280,517		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-29,427	964,173		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	574,975		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,117,088		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-84,051	25,212,439		73.00
74.00	07400	RENAL DIALYSIS	-942	478,274		74.00
76.00	03020	RENAL DIALYSIS I/P	0	2,392,829		76.00
76.01	03021	PSYCH DAY HOSPITAL	-54,824	2,879,401		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-71,306	24,683,361		90.00
91.00	09100	EMERGENCY	-1,492,776	9,097,253		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	5,014,324		105.00
106.00	10600	HEART ACQUISITION	-34,744	1,164,090		106.00
107.00	10700	LIVER ACQUISITION	0	1,760,226		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	282,695		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0		114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-136,482,906	999,233,090		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,701,215		190.00
190.01	19001	FUND RAISING	-133,027	4,445,444		190.01
190.02	19002	RUSH DAY SCHOOL	0	1,686,050		190.02
191.00	19100	RESEARCH	0	40,409,649		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	12,824,943		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	1,145,256		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	132,906,497		192.00
194.00	07950	MEDICAL COLLEGE	-9,413	18,509,272		194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	28,858,445		194.01
194.02	07952	AFFIL CORP ROOM 500	0	1,441,470		194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	24,875,147		194.03
194.04	07954	CON - GNE	0	869,600		194.04
200.00		TOTAL (SUM OF LINES 118-199)	-136,625,346	1,269,906,078		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	DEPRECIATION OLD HOSPITAL	00101		1.01
1.02	DEPRECIATION DIRECT BLDG	00102		1.02
1.03	DEPRECIATION KELLOGG PAV	00103		1.03
1.04	DEPRECIATION JELKE SOUTH	00104		1.04
1.05	DEPRECIATION ATRIUM PAV	00105		1.05
1.06	DEPRECIATION PRO BLDG NORTH	00106		1.06
1.07	DEPRECIATION PRO BLDG SOUTH	00107		1.07
1.08	DEPRECIATION WOOD ST	00108		1.08
1.09	DEPRECIATION ACADEMIC FACILITY	00109		1.09
1.10	DEPRECIATION PRO BLDG III	00110		1.10
1.11	DEPRECIATION JRB	00111		1.11
1.12	DEPRECIATION TOB	00112		1.12
1.13	DEPRECIATION EQUIPMENT	00113		1.13
1.14	DEPRECIATION ORTHOPEDICS	00114		1.14
1.15	DEPRECIATION KIDSTON	00115		1.15
1.16	DEPRECIATION COHN	00116		1.16
1.17	DEPRECIATION TOWER	00117		1.17
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	INTEREST GENERAL	00201		2.01
2.02	INTEREST DIRECT BLDG	00202		2.02
2.03	INTEREST ATRUM PAV	00203		2.03
2.04	INTEREST PRO BLDG SOUTH	00204		2.04
2.05	INTEREST TOB	00205		2.05
2.06	INTEREST PRO BLDG III	00206		2.06
2.07	INTEREST TOWER	00207		2.07
2.08	INTEREST PRO BLDG NORTH	00208		2.08
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	TRANSITION RECRUITMENT	00510		5.01
5.02	PARKING GARAGE	00511		5.02
5.03	RESEARCH ADMINISTRATION	00512		5.03
5.04	ADMIN & GEN INPT SERVICE	00513		5.04
5.05	ADMIN & GEN OUTPT SERVICE	00514		5.05
5.06	ADMIN & GEN ANIMAL LAB	00515		5.06
5.07	ADMIN & GEN PT SERVICE	00516		5.07
5.08	PERSONNEL DEPARTMENT	00517		5.08
5.09	RESEARCH FACULTY	00518		5.09
5.10	RESEARCH SPA	00519		5.10
5.11	CORPORATE ADMINISTRATION	00560		5.11
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01	RENTED SPACE COSTS	00601		6.01
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
10.01	PATIENT FOOD SERVICE	01001		10.01
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
16.01	MEDICAL RECORDS & LIBRARY	01601		16.01
18.00	CLINICAL LAB ADMIN MED	01850		18.00
18.01	CLINICAL LAB ADMIN PED	01080		18.01
18.02	CLINICAL LAB ADMIN OB	01081		18.02
18.03	CLINICAL LAB ADMIN SURG	01082		18.03
18.04	CLINICAL LAB ADMIN PSYCH	01083		18.04
18.05	CLINICAL LAB ADMIN PATH	01084		18.05
18.06	CLINICAL LAB ADMIN CARD	01085		18.06
18.07	CLINICAL LAB ADMIN HEMAT	01086		18.07
18.08	CLINICAL LAB ADMIN NEUR	01087		18.08
18.09	CLINICAL LAB ADMIN OCLS	01088		18.09
18.12	DISCRETIONARY OPERATIONS	01091		18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	01093		18.14
18.16	NURSING SCHOOL SPLIT	01095		18.16
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	02300		23.00
23.01	PARAMED MEDICAL PERFUSION TECH	02301		23.01
23.02	PARAMED DIETARY	02302		23.02

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	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
23.03	PARAMED SPEECH	02303		23.03
23.04	PARAMED OCCUPATIONAL THERAPY	02304		23.04
23.05	PARAMED MEDICAL PHYSICS	02305		23.05
23.06	PARAMED PASTORAL CARE	02306		23.06
23.07	PARAMED TECHNOLOGY	02307		23.07
23.08	PARAMED VASCULAR ULTRASOUND	02308		23.08
23.09	PARAMED PHARMACY	02309		23.09
23.10	PARAMED RESPIRATORY THERAPY	02310		23.10
23.11	PARAMED PHYSICIANS ASSISTANT	02311		23.11
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	02040		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	02041		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	02042		35.02
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
60.00	LABORATORY	06000		60.00
60.01	LABORATORY - HLA	06002		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	RENAL DIALYSIS I/P	03020		76.00
76.01	PSYCH DAY HOSPITAL	03021		76.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
93.00	BEHAVIORAL HEALTH	04040		93.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	09400		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	05950		98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	08600		112.00
114.00	UTILIZATION REVIEW - SNF	11400		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	FUND RAISING	19001		190.01
190.02	RUSH DAY SCHOOL	19002		190.02
191.00	RESEARCH	19100		191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	19101		191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	19102		191.02
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	MEDICAL COLLEGE	07950		194.00
194.01	AFFIL CORP ARC VENTURES	07951		194.01
194.02	AFFIL CORP ROOM 500	07952		194.02

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	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
194.03	AFFIL CORP JOINT VENTURES	07953		194.03
194.04	CON - GNE	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - AFFIL CORP FRINGES #45960				
1.00	EMPLOYEE BENEFITS	4.00	0	156,559,453	1.00
2.00	CLINICAL LAB ADMIN CARD	18.06	0	846	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

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	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
	TOTALS		0	156,560,299	
	B - DIRECT EDUCATION				
1.00	CORPORATE ADMINISTRATION	5.11	360	0	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,740,201	0	2.00
3.00	MEDICAL INTENSIVE CARE UNIT	35.00	3,360	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
	TOTALS		5,743,921	0	
	C - PARKING GARAGE RECH #49490				
1.00	PARKING GARAGE	5.02	0	739,053	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

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	739,053	
	D - REAL ESTATE TAX				
1.00	MAINTENANCE & REPAIRS	6.00	0	271,730	1.00
	TOTALS		0	271,730	
	E - TRIANGLE BLDG HOUSEKEEPING				
1.00	HOUSEKEEPING	9.00	0	296,726	1.00
	TOTALS		0	296,726	
	F - PROPERTY INSURANCE				
1.00	DEPRECIATION EQUIPMENT	1.13	0	2,615,265	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
	TOTALS		0	2,615,265	
	G - CENTRAL SUPPLY				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	574,975	1.00
	TOTALS		0	574,975	
	H - PHARMACY				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,296,490	1.00
	TOTALS		0	25,296,490	
	I - SPACE RECH #49940				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	117,131,963	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

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	117,131,963	
	J - AFFIL CORP OH #45969				
1.00	CORPORATE ADMINISTRATION	5.11	0	39,882,656	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	13,244,976	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
	TOTALS		0	53,127,632	
	K - NURSE ANESTH				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	2,569,101	0	1.00
	TOTALS		2,569,101	0	
	L - DATA CENTER				
1.00	ADMIN & GEN PT SERVICE	5.07	11,168,372	15,258,038	1.00
	TOTALS		11,168,372	15,258,038	
	M - PASTORAL CARE				
1.00	PARAMED PASTORAL CARE	23.06	416,794	32,352	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	142,004	37,310	2.00
3.00		0.00	0	0	3.00
	TOTALS		558,798	69,662	
	N - MALPRACTICE				
1.00	CORPORATE ADMINISTRATION	5.11	0	12,435,621	1.00
	TOTALS		0	12,435,621	
	O - DEPRECIATION				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,845,291	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	8,732,557	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	3,271,716	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	3,185,009	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	3,900,810	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,406,773	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	1,239,635	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	312,585	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	1,402,043	9.00

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00	DEPRECIATION PRO BLDG III	1.10	0	1,038,542		10.00
11.00	DEPRECIATION JRB	1.11	0	775,096		11.00
12.00	DEPRECIATION TOB	1.12	0	971,471		12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	47,066,130		13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	1,093,822		14.00
15.00	DEPRECIATION KIDSTON	1.15	0	43,410		15.00
16.00	DEPRECIATION COHN	1.16	0	1,570,236		16.00
17.00	DEPRECIATION TOWER	1.17	0	19,425,934		17.00
	TOTALS		0	97,281,060		
	P - INTEREST					
1.00	INTEREST GENERAL	2.01	0	3,592,566		1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,618,225		2.00
3.00	INTEREST ATRUM PAV	2.03	0	5,343,752		3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	843,128		4.00
5.00	INTEREST TOB	2.05	0	1,281,368		5.00
6.00	INTEREST PRO BLDG III	2.06	0	18,153		6.00
7.00	INTEREST TOWER	2.07	0	19,228,706		7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0	101,279		8.00
	TOTALS		0	32,027,177		
	Q - NURSING SALARY					
1.00	NURSERY	43.00	1,578,023	922,436		1.00
	TOTALS		1,578,023	922,436		
	R - PHYSICS RESIDENTS					
1.00	PARAMED MEDICAL PHYSICS	23.05	119,014	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		119,014	0		
	S - RENAL DIALYSIS SPLIT					
1.00	RENAL DIALYSIS	74.00	79,072	0		1.00
2.00	RENAL DIALYSIS I/P	76.00	2,255	2,390,574		2.00
3.00		0.00	0	0		3.00
	TOTALS		81,327	2,390,574		
	T - NON-RESEARCH					
1.00	EMPLOYEE BENEFITS	4.00	0	40,714		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	163,827	82,156		2.00
3.00	CORPORATE ADMINISTRATION	5.11	91,605	2,959		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.01	0	143,506		4.00
5.00	CLINICAL LAB ADMIN PED	18.01	65,317	29,876		5.00
6.00	CLINICAL LAB ADMIN OB	18.02	167,949	4,499		6.00
7.00	CLINICAL LAB ADMIN SURG	18.03	239,844	162,244		7.00
8.00	CLINICAL LAB ADMIN PSYCH	18.04	131,186	43,794		8.00
9.00	CLINICAL LAB ADMIN PATH	18.05	43,754	27,114		9.00
10.00	CLINICAL LAB ADMIN CARD	18.06	56,259	29,451		10.00
11.00	CLINICAL LAB ADMIN HEMAT	18.07	16,724	2,727		11.00
12.00	CLINICAL LAB ADMIN NEUR	18.08	635,065	396,463		12.00
13.00	DISCRETIONARY OPERATIONS	18.12	3,363,310	2,150,246		13.00
14.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	417,740	232,546		14.00
15.00	NURSING SCHOOL SPLIT	18.16	55,274	83,938		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	458,678	60,114		16.00
17.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	500	10,227		17.00
18.00	PARAMED RESPIRATORY THERAPY	23.10	0	207		18.00
19.00	ADULTS & PEDIATRICS	30.00	5,691	19,177		19.00
20.00	PREMATURE INTENSIVE CARE UNIT	35.02	28,478	46,048		20.00
21.00	ANESTHESIOLOGY	53.00	0	96,620		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,278		22.00
23.00	RADIOISOTOPE	56.00	0	102		23.00
24.00	LABORATORY	60.00	1,074,052	442,742		24.00
25.00	RESPIRATORY THERAPY	65.00	0	28,521		25.00
26.00	PHYSICAL THERAPY	66.00	0	3,115		26.00
27.00	ELECTROCARDIOLOGY	69.00	123,585	918		27.00
28.00	RENAL DIALYSIS	74.00	0	942		28.00
29.00	PSYCH DAY HOSPITAL	76.01	0	15,513		29.00
30.00	EMERGENCY	91.00	23,518	12,807		30.00
31.00	FUND RAISING	190.01	60,797	55,662		31.00
32.00	MEDICAL COLLEGE	194.00	0	9,413		32.00
	TOTALS		7,223,153	4,239,639		
	U - HSM TEACHING					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	643,504	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

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		643,504	0	
	V - TUITION ASSISTANCE				
1.00	NURSING SCHOOL	20.00	0	3,740,800	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	592,160	2.00
	TOTALS		0	4,332,960	
	W - ACCREATION				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	119,783	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	9,469	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	150,216	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	152,716	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	111,105	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	102,015	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	72,496	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	2,831	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	48,712	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	47,562	10.00
11.00	DEPRECIATION JRB	1.11	0	35,359	11.00
12.00	DEPRECIATION TOB	1.12	0	55,194	12.00
13.00	DEPRECIATION KIDSTON	1.15	0	11,488	13.00
14.00	DEPRECIATION COHN	1.16	0	471	14.00
15.00	DEPRECIATION TOWER	1.17	0	6,211	15.00
	TOTALS		0	925,628	
	X - IMPLANT DIRECT COST				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	55,117,088	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
	TOTALS		0	55,117,088	
	Y - PHARMACY RESIDENTS				
1.00	PARAMED PHARMACY	23.09	458,445	18,859	1.00
	TOTALS		458,445	18,859	
	Z - DEANS OFFICE				
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	217,086	1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	121,793	2.00
3.00	PARAMED DIETARY	23.02	0	113,138	3.00
4.00	PARAMED TECHNOLOGY	23.07	0	305,403	4.00
5.00	PARAMED SPEECH	23.03	0	497,616	5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	283,222	6.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00	PARAMED MEDICAL PHYSICS	23.05	0	62	7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	32,620	8.00
9.00	PARAMED VASCULAR ULTRASOUND	23.08	0	101,750	9.00
10.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	260,720	10.00
11.00	PARAMED RESPIRATORY THERAPY	23.10	0	241,244	11.00
12.00	MEDICAL COLLEGE	194.00	0	75,681	12.00
13.00	MEDICAL COLLEGE	194.00	0	1,742	13.00
14.00	MEDICAL COLLEGE	194.00	0	408	14.00
	TOTALS		0	2,252,485	
500.00	Grand Total: Increases		30,143,658	583,885,360	500.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - AFFIL CORP FRINGES #45960					
1.00	TRANSITION RECRUITMENT	5.01	0	262,783	0	1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	731,889	0	2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	801,241	0	3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	787,947	0	4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	161,437	0	5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	7,187,356	0	6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	831,908	0	7.00
8.00	RESEARCH FACULTY	5.09	0	2,383,156	0	8.00
9.00	RESEARCH SPA	5.10	0	1,549,849	0	9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	10,044,525	0	10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	3,659,570	0	11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	142,927	0	12.00
13.00	HOUSEKEEPING	9.00	0	3,705,144	0	13.00
14.00	DIETARY	10.00	0	137,241	0	14.00
15.00	PATIENT FOOD SERVICE	10.01	0	1,607,644	0	15.00
16.00	CAFETERIA	11.00	0	536,937	0	16.00
17.00	NURSING ADMINISTRATION	13.00	0	1,581,773	0	17.00
18.00	PHARMACY	15.00	0	2,628,933	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,043,810	0	19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	1,674,745	0	20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	499,127	0	21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	51,290	0	22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	372,573	0	23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	598,481	0	24.00
25.00	CLINICAL LAB ADMIN PSYCH	18.04	0	79,335	0	25.00
26.00	CLINICAL LAB ADMIN PATH	18.05	0	456	0	26.00
27.00	CLINICAL LAB ADMIN NEUR	18.08	0	145,020	0	27.00
28.00	CLINICAL LAB ADMIN OCLS	18.09	0	266,416	0	28.00
29.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	994,871	0	29.00
30.00	NURSING SCHOOL SPLIT	18.16	0	2,088,235	0	30.00
31.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,755,387	0	31.00
32.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,764,247	0	32.00
33.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	387,953	0	33.00
34.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	64,509	0	34.00
35.00	PARAMED DIETARY	23.02	0	82,617	0	35.00
36.00	PARAMED SPEECH	23.03	0	266,613	0	36.00
37.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	156,358	0	37.00
38.00	PARAMED PASTORAL CARE	23.06	0	35,101	0	38.00
39.00	PARAMED TECHNOLOGY	23.07	0	159,479	0	39.00
40.00	PARAMED VASCULAR ULTRASOUND	23.08	0	52,152	0	40.00
41.00	PARAMED RESPIRATORY THERAPY	23.10	0	127,008	0	41.00
42.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	148,048	0	42.00
43.00	ADULTS & PEDIATRICS	30.00	0	12,260,843	0	43.00
44.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	3,110,093	0	44.00
45.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,509,323	0	45.00
46.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	1,108,320	0	46.00
47.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,726,942	0	47.00
48.00	SUBPROVIDER - IPF	40.00	0	1,826,598	0	48.00
49.00	SUBPROVIDER - IRF	41.00	0	1,239,205	0	49.00
50.00	NURSERY	43.00	0	437,442	0	50.00
51.00	OPERATING ROOM	50.00	0	4,291,171	0	51.00
52.00	RECOVERY ROOM	51.00	0	1,087,149	0	52.00
53.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,186,559	0	53.00
54.00	ANESTHESIOLOGY	53.00	0	840,305	0	54.00
55.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,129,615	0	55.00
56.00	RADIOLOGY-THERAPEUTIC	55.00	0	792,988	0	56.00
57.00	RADIOISOTOPE	56.00	0	221,545	0	57.00
58.00	LABORATORY	60.00	0	5,601,160	0	58.00
59.00	LABORATORY - HLA	60.01	0	130,027	0	59.00
60.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	567,101	0	60.00
61.00	INTRAVENOUS THERAPY	64.00	0	52,252	0	61.00
62.00	RESPIRATORY THERAPY	65.00	0	1,168,186	0	62.00
63.00	PHYSICAL THERAPY	66.00	0	907,366	0	63.00
64.00	OCCUPATIONAL THERAPY	67.00	0	616,791	0	64.00
65.00	SPEECH PATHOLOGY	68.00	0	358,475	0	65.00
66.00	ELECTROCARDIOLOGY	69.00	0	701,379	0	66.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
67.00	ELECTROENCEPHALOGRAPHY	70.00	0	243,048	0		67.00
68.00	RENAL DIALYSIS	74.00	0	68,300	0		68.00
69.00	PSYCH DAY HOSPITAL	76.01	0	653,241	0		69.00
70.00	CLINIC	90.00	0	2,502,022	0		70.00
71.00	EMERGENCY	91.00	0	2,437,017	0		71.00
72.00	KIDNEY ACQUISITION	105.00	0	370,360	0		72.00
73.00	HEART ACQUISITION	106.00	0	212,678	0		73.00
74.00	LIVER ACQUISITION	107.00	0	176,775	0		74.00
75.00	PANCREAS ACQUISITION	109.00	0	15,675	0		75.00
76.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	214,773	0		76.00
77.00	FUND RAISING	190.01	0	936,996	0		77.00
78.00	RUSH DAY SCHOOL	190.02	0	393,180	0		78.00
79.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	11,227,279	0		79.00
80.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	23,759,048	0		80.00
81.00	MEDICAL COLLEGE	194.00	0	3,472,624	0		81.00
82.00	AFFIL CORP ARC VENTURES	194.01	0	1,145,047	0		82.00
83.00	AFFIL CORP ROOM 500	194.02	0	231,357	0		83.00
84.00	AFFIL CORP JOINT VENTURES	194.03	0	1,912,619	0		84.00
85.00	CON - GNE	194.04	0	161,334	0		85.00
	TOTALS		0	156,560,299			
	B - DIRECT EDUCATION						
1.00	EMPLOYEE BENEFITS	4.00	250	0	0		1.00
2.00	RESEARCH FACULTY	5.09	157	0	0		2.00
3.00	PHARMACY	15.00	417,991	0	0		3.00
4.00	CLINICAL LAB ADMIN MED	18.00	4,844	0	0		4.00
5.00	CLINICAL LAB ADMIN PATH	18.05	3,933	0	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,186,104	0	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	79,877	0	0		7.00
8.00	PARAMED VASCULAR ULTRASOUND	23.08	1,000	0	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	4,962	0	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	42,420	0	0		10.00
11.00	MEDICAL COLLEGE	194.00	920	0	0		11.00
12.00	CON - GNE	194.04	1,463	0	0		12.00
	TOTALS		5,743,921	0			
	C - PARKING GARAGE RECH #49490						
1.00	EMPLOYEE BENEFITS	4.00	0	1,020	0		1.00
2.00	ADMIN & GEN OUTPT SERVICE	5.05	0	255	0		2.00
3.00	ADMIN & GEN PT SERVICE	5.07	0	6,577	0		3.00
4.00	PERSONNEL DEPARTMENT	5.08	0	28,135	0		4.00
5.00	RESEARCH FACULTY	5.09	0	3,535	0		5.00
6.00	RESEARCH SPA	5.10	0	850	0		6.00
7.00	CORPORATE ADMINISTRATION	5.11	0	19,154	0		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	170	0		8.00
9.00	DIETARY	10.00	0	425	0		9.00
10.00	PATIENT FOOD SERVICE	10.01	0	850	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	85	0		11.00
12.00	PHARMACY	15.00	0	3,400	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	170	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.01	0	170	0		14.00
15.00	CLINICAL LAB ADMIN OB	18.02	0	2,040	0		15.00
16.00	CLINICAL LAB ADMIN PSYCH	18.04	0	85	0		16.00
17.00	CLINICAL LAB ADMIN PATH	18.05	0	560	0		17.00
18.00	CLINICAL LAB ADMIN NEUR	18.08	0	510	0		18.00
19.00	DISCRETIONARY OPERATIONS	18.12	0	59,385	0		19.00
20.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	1,810	0		20.00
21.00	NURSING SCHOOL SPLIT	18.16	0	2,465	0		21.00
22.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	474,220	0		22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	7,630	0		23.00
24.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3,485	0		24.00
25.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	170	0		25.00
26.00	PARAMED DIETARY	23.02	0	2,550	0		26.00
27.00	PARAMED SPEECH	23.03	0	1,105	0		27.00
28.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	1,020	0		28.00
29.00	PARAMED TECHNOLOGY	23.07	0	340	0		29.00
30.00	PARAMED VASCULAR ULTRASOUND	23.08	0	935	0		30.00
31.00	PARAMED RESPIRATORY THERAPY	23.10	0	510	0		31.00

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
32.00	ADULTS & PEDIATRICS	30.00	0	1,275	0	32.00
33.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	170	0	33.00
34.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	170	0	34.00
35.00	SUBPROVIDER - IPF	40.00	0	1,190	0	35.00
36.00	ANESTHESIOLOGY	53.00	0	1,530	0	36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,475	0	37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	255	0	38.00
39.00	LABORATORY	60.00	0	1,665	0	39.00
40.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	16,350	0	40.00
41.00	RESPIRATORY THERAPY	65.00	0	510	0	41.00
42.00	SPEECH PATHOLOGY	68.00	0	1,190	0	42.00
43.00	PSYCH DAY HOSPITAL	76.01	0	16,950	0	43.00
44.00	CLINIC	90.00	0	8,385	0	44.00
45.00	EMERGENCY	91.00	0	875	0	45.00
46.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,950	0	46.00
47.00	FUND RAISING	190.01	0	5,817	0	47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	31,355	0	48.00
49.00	MEDICAL COLLEGE	194.00	0	12,325	0	49.00
	TOTALS		0	739,053		
	D - REAL ESTATE TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	271,730	0	1.00
	TOTALS		0	271,730		
	E - TRIANGLE BLDG HOUSEKEEPING					
1.00	MAINTENANCE & REPAIRS	6.00	0	296,726	0	1.00
	TOTALS		0	296,726		
	F - PROPERTY INSURANCE					
1.00	EMPLOYEE BENEFITS	4.00	0	46,561	9	1.00
2.00	PARKING GARAGE	5.02	0	15,138	0	2.00
3.00	CORPORATE ADMINISTRATION	5.11	0	2,332,989	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	14,164	0	4.00
5.00	CAFETERIA	11.00	0	1,973	0	5.00
6.00	CLINICAL LAB ADMIN PSYCH	18.04	0	2,700	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	694	0	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,050	0	8.00
9.00	AFFIL CORP ARC VENTURES	194.01	0	1,000	0	9.00
10.00	AFFIL CORP JOINT VENTURES	194.03	0	185,996	0	10.00
	TOTALS		0	2,615,265		
	G - CENTRAL SUPPLY					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	574,975	0	1.00
	TOTALS		0	574,975		
	H - PHARMACY					
1.00	PHARMACY	15.00	0	25,296,490	0	1.00
	TOTALS		0	25,296,490		
	I - SPACE RECH #49940					
1.00	EMPLOYEE BENEFITS	4.00	0	69,876	9	1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	6,480,062	0	2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	209,112	0	3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	335,966	0	4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	1,350,033	0	5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	5,101,596	0	6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	345,793	0	7.00
8.00	RESEARCH FACULTY	5.09	0	2,289,271	0	8.00
9.00	RESEARCH SPA	5.10	0	460,162	0	9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	5,889,773	0	10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	50,438	0	11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	868,288	0	12.00
13.00	DIETARY	10.00	0	170,614	0	13.00
14.00	PATIENT FOOD SERVICE	10.01	0	1,618,033	0	14.00
15.00	CAFETERIA	11.00	0	1,730,750	0	15.00
16.00	NURSING ADMINISTRATION	13.00	0	826,932	0	16.00
17.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,197,430	0	17.00
18.00	PHARMACY	15.00	0	1,005,532	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	546,686	0	19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	410,830	0	20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	99,433	0	21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	285,074	0	22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	183,208	0	23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	474,493	0	24.00
25.00	CLINICAL LAB ADMIN PSYCH	18.04	0	10,847	0	25.00
26.00	CLINICAL LAB ADMIN PATH	18.05	0	821,462	0	26.00
27.00	CLINICAL LAB ADMIN CARD	18.06	0	211,215	0	27.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	CLINICAL LAB ADMIN NEUR	18.08	0	19,809	0		28.00
29.00	CLINICAL LAB ADMIN OCLS	18.09	0	78,506	0		29.00
30.00	DISCRETIONARY OPERATIONS	18.12	0	92,924	0		30.00
31.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	2,567,620	0		31.00
32.00	NURSING SCHOOL SPLIT	18.16	0	490,669	0		32.00
33.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,100,180	0		33.00
34.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	690,929	0		34.00
35.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	125,804	0		35.00
36.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	18,903	0		36.00
37.00	PARAMED DIETARY	23.02	0	10,930	0		37.00
38.00	PARAMED SPEECH	23.03	0	126,901	0		38.00
39.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	64,497	0		39.00
40.00	PARAMED TECHNOLOGY	23.07	0	34,634	0		40.00
41.00	PARAMED VASCULAR ULTRASOUND	23.08	0	11,015	0		41.00
42.00	PARAMED RESPIRATORY THERAPY	23.10	0	95,413	0		42.00
43.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	24,538	0		43.00
44.00	ADULTS & PEDIATRICS	30.00	0	12,804,076	0		44.00
45.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,672,866	0		45.00
46.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,873,737	0		46.00
47.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	496,466	0		47.00
48.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	811,613	0		48.00
49.00	SUBPROVIDER - IPF	40.00	0	1,707,286	0		49.00
50.00	SUBPROVIDER - IRF	41.00	0	1,473,421	0		50.00
51.00	NURSERY	43.00	0	346,561	0		51.00
52.00	OPERATING ROOM	50.00	0	11,868,109	0		52.00
53.00	RECOVERY ROOM	51.00	0	2,280,967	0		53.00
54.00	DELIVERY ROOM & LABOR ROOM	52.00	0	623,134	0		54.00
55.00	ANESTHESIOLOGY	53.00	0	1,219,834	0		55.00
56.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,384,680	0		56.00
57.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,469,713	0		57.00
58.00	RADIOISOTOPE	56.00	0	570,430	0		58.00
59.00	LABORATORY	60.00	0	5,737,892	0		59.00
60.00	LABORATORY - HLA	60.01	0	92,602	0		60.00
61.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	581,677	0		61.00
62.00	INTRAVENOUS THERAPY	64.00	0	18,982	0		62.00
63.00	RESPIRATORY THERAPY	65.00	0	680,810	0		63.00
64.00	PHYSICAL THERAPY	66.00	0	986,898	0		64.00
65.00	OCCUPATIONAL THERAPY	67.00	0	616,363	0		65.00
66.00	SPEECH PATHOLOGY	68.00	0	371,471	0		66.00
67.00	ELECTROCARDIOLOGY	69.00	0	1,084,218	0		67.00
68.00	ELECTROENCEPHALOGRAPHY	70.00	0	242,138	0		68.00
69.00	RENAL DIALYSIS	74.00	0	229,761	0		69.00
70.00	PSYCH DAY HOSPITAL	76.01	0	243,831	0		70.00
71.00	CLINIC	90.00	0	4,717,022	0		71.00
72.00	EMERGENCY	91.00	0	3,517,920	0		72.00
73.00	KIDNEY ACQUISITION	105.00	0	83,340	0		73.00
74.00	LIVER ACQUISITION	107.00	0	26,217	0		74.00
75.00	PANCREAS ACQUISITION	109.00	0	182	0		75.00
76.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,563,120	0		76.00
77.00	FUND RAISING	190.01	0	387,034	0		77.00
78.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,410,888	0		78.00
79.00	MEDICAL COLLEGE	194.00	0	911,167	0		79.00
80.00	AFFIL CORP ARC VENTURES	194.01	0	243,867	0		80.00
81.00	AFFIL CORP ROOM 500	194.02	0	1,185,489	0		81.00
	TOTALS		0	117,131,963			
	J - AFFIL CORP OH #45969						
1.00	NURSING SCHOOL SPLIT	18.16	0	4,857,912	0		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,520,960	0		2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	4,064,808	0		3.00
4.00	CLINIC	90.00	0	4,359,268	0		4.00
5.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	14,461,068	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,779,112	0		6.00
7.00	MEDICAL COLLEGE	194.00	0	6,084,504	0		7.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	53,127,632			
	K - NURSE ANESTH						
1.00	ANESTHESIOLOGY	53.00	2,569,101	0	0		1.00
	TOTALS		2,569,101	0			
	L - DATA CENTER						
1.00	CORPORATE ADMINISTRATION	5.11	11,168,372	15,258,038	0		1.00
	TOTALS		11,168,372	15,258,038			
	M - PASTORAL CARE						
1.00	PARAMED PASTORAL CARE	23.06	142,004	37,310	0		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	416,794	14,432	0		2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	17,920	0		3.00
	TOTALS		558,798	69,662			
	N - MALPRACTICE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,435,621	0		1.00
	TOTALS		0	12,435,621			
	O - DEPRECIATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	97,111,376	9		1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	169,684	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
15.00		0.00	0	0	9		15.00
16.00		0.00	0	0	9		16.00
17.00		0.00	0	0	9		17.00
	TOTALS		0	97,281,060			
	P - INTEREST						
1.00	INTEREST GENERAL	2.01	0	32,027,177	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
	TOTALS		0	32,027,177			
	Q - NURSING SALARY						
1.00	ADULTS & PEDIATRICS	30.00	1,578,023	922,436	0		1.00
	TOTALS		1,578,023	922,436			
	R - PHYSICS RESIDENTS						
1.00	CORPORATE ADMINISTRATION	5.11	10,618	0	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	108,396	0	0		2.00
	TOTALS		119,014	0			
	S - RENAL DIALYSIS SPLIT						
1.00	MEDICAL RECORDS & LIBRARY	16.01	26,572	0	0		1.00
2.00	RENAL DIALYSIS	74.00	2,255	2,390,574	0		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	52,500	0	0		3.00
	TOTALS		81,327	2,390,574			
	T - NON-RESEARCH						
1.00	DISCRETIONARY OPERATIONS	18.12	7,218,861	4,239,639	0		1.00
2.00	PSYCH DAY HOSPITAL	76.01	4,292	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
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
	TOTALS		7,223,153	4,239,639		
	U - HSM TEACHING					
1.00	EMPLOYEE BENEFITS	4.00	4,679	0	0	1.00
2.00	RESEARCH ADMINISTRATION	5.03	16,285	0	0	2.00
3.00	ADMIN & GEN PT SERVICE	5.07	75,087	0	0	3.00
4.00	PERSONNEL DEPARTMENT	5.08	15,751	0	0	4.00
5.00	RESEARCH SPA	5.10	1,029	0	0	5.00
6.00	CORPORATE ADMINISTRATION	5.11	280,329	0	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	31,915	0	0	7.00
8.00	DIETARY	10.00	6,961	0	0	8.00
9.00	NURSING ADMINISTRATION	13.00	15,676	0	0	9.00
10.00	CLINICAL LAB ADMIN MED	18.00	6,972	0	0	10.00
11.00	CLINICAL LAB ADMIN SURG	18.03	11,603	0	0	11.00
12.00	NURSING SCHOOL SPLIT	18.16	5,623	0	0	12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,029	0	0	13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,679	0	0	14.00
15.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	5,756	0	0	15.00
16.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	600	0	0	16.00
17.00	LABORATORY	60.00	3,833	0	0	17.00
18.00	PSYCH DAY HOSPITAL	76.01	13,408	0	0	18.00
19.00	CLINIC	90.00	5,968	0	0	19.00
20.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	18,964	0	0	20.00
21.00	RESEARCH	191.00	60,842	0	0	21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	47,933	0	0	22.00
23.00	MEDICAL COLLEGE	194.00	10,582	0	0	23.00
	TOTALS		643,504	0		
	V - TUITION ASSISTANCE					
1.00	EMPLOYEE BENEFITS	4.00	0	4,332,960	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	4,332,960		
	W - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	925,628	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
8.00		0.00	0	0	9	8.00
9.00		0.00	0	0	9	9.00
10.00		0.00	0	0	9	10.00
11.00		0.00	0	0	9	11.00
12.00		0.00	0	0	9	12.00
13.00		0.00	0	0	9	13.00
14.00		0.00	0	0	9	14.00
15.00		0.00	0	0	9	15.00
	TOTALS		0	925,628		
	X - IMPLANT DIRECT COST					
1.00	EMERGENCY	91.00	0	380	0	1.00
2.00	LABORATORY	60.00	0	12	0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	59,452	0	3.00
4.00	OPERATING ROOM	50.00	0	44,479,956	0	4.00
5.00	OPERATING ROOM	50.00	0	809,138	0	5.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	OPERATING ROOM	50.00	0	2,001,188	0	6.00
7.00	SPEECH PATHOLOGY	68.00	0	3	0	7.00
8.00	SPEECH PATHOLOGY	68.00	0	11,185	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	1,348,481	0	9.00
10.00	LABORATORY	60.00	0	814,687	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	4,510,696	0	11.00
12.00	LABORATORY	60.00	0	148,031	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	933,716	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	127	0	14.00
15.00	CLINIC	90.00	0	18	0	15.00
16.00	CLINIC	90.00	0	18	0	16.00
	TOTALS		0	55,117,088		
	Y - PHARMACY RESIDENTS					
1.00	PHARMACY	15.00	458,445	18,859	0	1.00
	TOTALS		458,445	18,859		
	Z - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,252,485	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
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
	TOTALS		0	2,252,485		
500.00	Grand Total: Decreases		30,143,658	583,885,360		500.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - AFFIL CORP FRINGES #45960						
1.00	EMPLOYEE BENEFITS	4.00	0	TRANSITION RECRUITMENT	5.01	0	1.00
2.00	CLINICAL LAB ADMIN CARD	18.06	0	RESEARCH ADMINISTRATION	5.03	0	2.00
3.00		0.00	0	ADMIN & GEN INPT SERVICE	5.04	0	3.00
4.00		0.00	0	ADMIN & GEN OUTPT SERVICE	5.05	0	4.00
5.00		0.00	0	ADMIN & GEN ANIMAL LAB	5.06	0	5.00
6.00		0.00	0	ADMIN & GEN PT SERVICE	5.07	0	6.00
7.00		0.00	0	PERSONNEL DEPARTMENT	5.08	0	7.00
8.00		0.00	0	RESEARCH FACULTY	5.09	0	8.00
9.00		0.00	0	RESEARCH SPA	5.10	0	9.00
10.00		0.00	0	CORPORATE ADMINISTRATION	5.11	0	10.00
11.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0	11.00
12.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0	12.00
13.00		0.00	0	HOUSEKEEPING	9.00	0	13.00
14.00		0.00	0	DIETARY	10.00	0	14.00
15.00		0.00	0	PATIENT FOOD SERVICE	10.01	0	15.00
16.00		0.00	0	CAFETERIA	11.00	0	16.00
17.00		0.00	0	NURSING ADMINISTRATION	13.00	0	17.00
18.00		0.00	0	PHARMACY	15.00	0	18.00
19.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	19.00
20.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.01	0	20.00
21.00		0.00	0	CLINICAL LAB ADMIN MED	18.00	0	21.00
22.00		0.00	0	CLINICAL LAB ADMIN PED	18.01	0	22.00
23.00		0.00	0	CLINICAL LAB ADMIN OB	18.02	0	23.00
24.00		0.00	0	CLINICAL LAB ADMIN SURG	18.03	0	24.00
25.00		0.00	0	CLINICAL LAB ADMIN PSYCH	18.04	0	25.00
26.00		0.00	0	CLINICAL LAB ADMIN PATH	18.05	0	26.00
27.00		0.00	0	CLINICAL LAB ADMIN NEUR	18.08	0	27.00
28.00		0.00	0	CLINICAL LAB ADMIN OCLS	18.09	0	28.00
29.00		0.00	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	29.00
30.00		0.00	0	NURSING SCHOOL SPLIT	18.16	0	30.00
31.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	31.00
32.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	32.00
33.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	33.00
34.00		0.00	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	34.00
35.00		0.00	0	PARAMED DIETARY	23.02	0	35.00
36.00		0.00	0	PARAMED SPEECH	23.03	0	36.00
37.00		0.00	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	37.00
38.00		0.00	0	PARAMED PASTORAL CARE	23.06	0	38.00
39.00		0.00	0	PARAMED TECHNOLOGY	23.07	0	39.00
40.00		0.00	0	PARAMED VASCULAR ULTRASOUND	23.08	0	40.00
41.00		0.00	0	PARAMED RESPIRATORY THERAPY	23.10	0	41.00
42.00		0.00	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	42.00
43.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	43.00
44.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	44.00
45.00		0.00	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	45.00
46.00		0.00	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	46.00
47.00		0.00	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	47.00
48.00		0.00	0	SUBPROVIDER - IPF	40.00	0	48.00
49.00		0.00	0	SUBPROVIDER - IRF	41.00	0	49.00
50.00		0.00	0	NURSERY	43.00	0	50.00
51.00		0.00	0	OPERATING ROOM	50.00	0	51.00
52.00		0.00	0	RECOVERY ROOM	51.00	0	52.00
53.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	53.00
54.00		0.00	0	ANESTHESIOLOGY	53.00	0	54.00
55.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	55.00
56.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	56.00
57.00		0.00	0	RADIOISOTOPE	56.00	0	57.00
58.00		0.00	0	LABORATORY	60.00	0	58.00
59.00		0.00	0	LABORATORY - HLA	60.01	0	59.00
60.00		0.00	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	60.00
61.00		0.00	0	INTRAVENOUS THERAPY	64.00	0	61.00
62.00		0.00	0	RESPIRATORY THERAPY	65.00	0	62.00
63.00		0.00	0	PHYSICAL THERAPY	66.00	0	63.00
64.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	64.00
65.00		0.00	0	SPEECH PATHOLOGY	68.00	0	65.00
66.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	66.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
67.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	67.00
68.00		0.00	0	RENAL DIALYSIS	74.00	0	68.00
69.00		0.00	0	PSYCH DAY HOSPITAL	76.01	0	69.00
70.00		0.00	0	CLINIC	90.00	0	70.00
71.00		0.00	0	EMERGENCY	91.00	0	71.00
72.00		0.00	0	KIDNEY ACQUISITION	105.00	0	72.00
73.00		0.00	0	HEART ACQUISITION	106.00	0	73.00
74.00		0.00	0	LIVER ACQUISITION	107.00	0	74.00
75.00		0.00	0	PANCREAS ACQUISITION	109.00	0	75.00
76.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	76.00
77.00		0.00	0	FUND RAISING	190.01	0	77.00
78.00		0.00	0	RUSH DAY SCHOOL	190.02	0	78.00
79.00		0.00	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	79.00
80.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	80.00
81.00		0.00	0	MEDICAL COLLEGE	194.00	0	81.00
82.00		0.00	0	AFFIL CORP ARC VENTURES	194.01	0	82.00
83.00		0.00	0	AFFIL CORP ROOM 500	194.02	0	83.00
84.00		0.00	0	AFFIL CORP JOINT VENTURES	194.03	0	84.00
85.00		0.00	0	CON - GNE	194.04	0	85.00
	TOTALS		0	TOTALS		0	
	B - DIRECT EDUCATION						
1.00	CORPORATE ADMINISTRATION	5.11	360	EMPLOYEE BENEFITS	4.00	250	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,740,201	RESEARCH FACULTY	5.09	157	2.00
3.00	MEDICAL INTENSIVE CARE UNIT	35.00	3,360	PHARMACY	15.00	417,991	3.00
4.00		0.00	0	CLINICAL LAB ADMIN MED	18.00	4,844	4.00
5.00		0.00	0	CLINICAL LAB ADMIN PATH	18.05	3,933	5.00
6.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,186,104	6.00
7.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	79,877	7.00
8.00		0.00	0	PARAMED VASCULAR ULTRASOUND	23.08	1,000	8.00
9.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	4,962	9.00
10.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	42,420	10.00
11.00		0.00	0	MEDICAL COLLEGE	194.00	920	11.00
12.00		0.00	0	CON - GNE	194.04	1,463	12.00
	TOTALS		5,743,921	TOTALS		5,743,921	
	C - PARKING GARAGE RECH #49490						
1.00	PARKING GARAGE	5.02	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00		0.00	0	ADMIN & GEN OUTPT SERVICE	5.05	0	2.00
3.00		0.00	0	ADMIN & GEN PT SERVICE	5.07	0	3.00
4.00		0.00	0	PERSONNEL DEPARTMENT	5.08	0	4.00
5.00		0.00	0	RESEARCH FACULTY	5.09	0	5.00
6.00		0.00	0	RESEARCH SPA	5.10	0	6.00
7.00		0.00	0	CORPORATE ADMINISTRATION	5.11	0	7.00
8.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00		0.00	0	DIETARY	10.00	0	9.00
10.00		0.00	0	PATIENT FOOD SERVICE	10.01	0	10.00
11.00		0.00	0	NURSING ADMINISTRATION	13.00	0	11.00
12.00		0.00	0	PHARMACY	15.00	0	12.00
13.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	13.00
14.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.01	0	14.00
15.00		0.00	0	CLINICAL LAB ADMIN OB	18.02	0	15.00
16.00		0.00	0	CLINICAL LAB ADMIN PSYCH	18.04	0	16.00
17.00		0.00	0	CLINICAL LAB ADMIN PATH	18.05	0	17.00
18.00		0.00	0	CLINICAL LAB ADMIN NEUR	18.08	0	18.00
19.00		0.00	0	DISCRETIONARY OPERATIONS	18.12	0	19.00
20.00		0.00	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	20.00
21.00		0.00	0	NURSING SCHOOL SPLIT	18.16	0	21.00
22.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	22.00
23.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	23.00
24.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	24.00
25.00		0.00	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	25.00
26.00		0.00	0	PARAMED DIETARY	23.02	0	26.00
27.00		0.00	0	PARAMED SPEECH	23.03	0	27.00
28.00		0.00	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	28.00
29.00		0.00	0	PARAMED TECHNOLOGY	23.07	0	29.00
30.00		0.00	0	PARAMED VASCULAR ULTRASOUND	23.08	0	30.00

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
31.00		0.00	0	PARAMED RESPIRATORY THERAPY	23.10	0	31.00
32.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	32.00
33.00		0.00	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	33.00
34.00		0.00	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	34.00
35.00		0.00	0	SUBPROVIDER - IPF	40.00	0	35.00
36.00		0.00	0	ANESTHESIOLOGY	53.00	0	36.00
37.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	38.00
39.00		0.00	0	LABORATORY	60.00	0	39.00
40.00		0.00	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	40.00
41.00		0.00	0	RESPIRATORY THERAPY	65.00	0	41.00
42.00		0.00	0	SPEECH PATHOLOGY	68.00	0	42.00
43.00		0.00	0	PSYCH DAY HOSPITAL	76.01	0	43.00
44.00		0.00	0	CLINIC	90.00	0	44.00
45.00		0.00	0	EMERGENCY	91.00	0	45.00
46.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	46.00
47.00		0.00	0	FUND RAISING	190.01	0	47.00
48.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	48.00
49.00		0.00	0	MEDICAL COLLEGE	194.00	0	49.00
	TOTALS		0	TOTALS		0	
	D - REAL ESTATE TAX						
1.00	MAINTENANCE & REPAIRS	6.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1.00
	TOTALS		0	TOTALS		0	
	E - TRIANGLE BLDG HOUSEKEEPING						
1.00	HOUSEKEEPING	9.00	0	MAINTENANCE & REPAIRS	6.00	0	1.00
	TOTALS		0	TOTALS		0	
	F - PROPERTY INSURANCE						
1.00	DEPRECIATION EQUIPMENT	1.13	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00		0.00	0	PARKING GARAGE	5.02	0	2.00
3.00		0.00	0	CORPORATE ADMINISTRATION	5.11	0	3.00
4.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0	4.00
5.00		0.00	0	CAFETERIA	11.00	0	5.00
6.00		0.00	0	CLINICAL LAB ADMIN PSYCH	18.04	0	6.00
7.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	7.00
8.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	8.00
9.00		0.00	0	AFFIL CORP ARC VENTURES	194.01	0	9.00
10.00		0.00	0	AFFIL CORP JOINT VENTURES	194.03	0	10.00
	TOTALS		0	TOTALS		0	
	G - CENTRAL SUPPLY						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
	TOTALS		0	TOTALS		0	
	H - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0	1.00
	TOTALS		0	TOTALS		0	
	I - SPACE RECH #49940						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00		0.00	0	RESEARCH ADMINISTRATION	5.03	0	2.00
3.00		0.00	0	ADMIN & GEN INPT SERVICE	5.04	0	3.00
4.00		0.00	0	ADMIN & GEN OUTPT SERVICE	5.05	0	4.00
5.00		0.00	0	ADMIN & GEN ANIMAL LAB	5.06	0	5.00
6.00		0.00	0	ADMIN & GEN PT SERVICE	5.07	0	6.00
7.00		0.00	0	PERSONNEL DEPARTMENT	5.08	0	7.00
8.00		0.00	0	RESEARCH FACULTY	5.09	0	8.00
9.00		0.00	0	RESEARCH SPA	5.10	0	9.00
10.00		0.00	0	CORPORATE ADMINISTRATION	5.11	0	10.00
11.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0	11.00
12.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0	12.00
13.00		0.00	0	DIETARY	10.00	0	13.00
14.00		0.00	0	PATIENT FOOD SERVICE	10.01	0	14.00
15.00		0.00	0	CAFETERIA	11.00	0	15.00
16.00		0.00	0	NURSING ADMINISTRATION	13.00	0	16.00
17.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	17.00
18.00		0.00	0	PHARMACY	15.00	0	18.00
19.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	19.00
20.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.01	0	20.00
21.00		0.00	0	CLINICAL LAB ADMIN MED	18.00	0	21.00
22.00		0.00	0	CLINICAL LAB ADMIN PED	18.01	0	22.00
23.00		0.00	0	CLINICAL LAB ADMIN OB	18.02	0	23.00
24.00		0.00	0	CLINICAL LAB ADMIN SURG	18.03	0	24.00
25.00		0.00	0	CLINICAL LAB ADMIN PSYCH	18.04	0	25.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
26.00		0.00	0	CLINICAL LAB ADMIN PATH	18.05	0	26.00
27.00		0.00	0	CLINICAL LAB ADMIN CARD	18.06	0	27.00
28.00		0.00	0	CLINICAL LAB ADMIN NEUR	18.08	0	28.00
29.00		0.00	0	CLINICAL LAB ADMIN OCLS	18.09	0	29.00
30.00		0.00	0	DISCRETIONARY OPERATIONS	18.12	0	30.00
31.00		0.00	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	31.00
32.00		0.00	0	NURSING SCHOOL SPLIT	18.16	0	32.00
33.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.00
34.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.00
35.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	35.00
36.00		0.00	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	36.00
37.00		0.00	0	PARAMED DIETARY	23.02	0	37.00
38.00		0.00	0	PARAMED SPEECH	23.03	0	38.00
39.00		0.00	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	39.00
40.00		0.00	0	PARAMED TECHNOLOGY	23.07	0	40.00
41.00		0.00	0	PARAMED VASCULAR ULTRASOUND	23.08	0	41.00
42.00		0.00	0	PARAMED RESPIRATORY THERAPY	23.10	0	42.00
43.00		0.00	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	43.00
44.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	44.00
45.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	45.00
46.00		0.00	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	46.00
47.00		0.00	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	47.00
48.00		0.00	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	48.00
49.00		0.00	0	SUBPROVIDER - IPF	40.00	0	49.00
50.00		0.00	0	SUBPROVIDER - IRF	41.00	0	50.00
51.00		0.00	0	NURSERY	43.00	0	51.00
52.00		0.00	0	OPERATING ROOM	50.00	0	52.00
53.00		0.00	0	RECOVERY ROOM	51.00	0	53.00
54.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	54.00
55.00		0.00	0	ANESTHESIOLOGY	53.00	0	55.00
56.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	56.00
57.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	57.00
58.00		0.00	0	RADIOISOTOPE	56.00	0	58.00
59.00		0.00	0	LABORATORY	60.00	0	59.00
60.00		0.00	0	LABORATORY - HLA	60.01	0	60.00
61.00		0.00	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	61.00
62.00		0.00	0	INTRAVENOUS THERAPY	64.00	0	62.00
63.00		0.00	0	RESPIRATORY THERAPY	65.00	0	63.00
64.00		0.00	0	PHYSICAL THERAPY	66.00	0	64.00
65.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	65.00
66.00		0.00	0	SPEECH PATHOLOGY	68.00	0	66.00
67.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	67.00
68.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	68.00
69.00		0.00	0	RENAL DIALYSIS	74.00	0	69.00
70.00		0.00	0	PSYCH DAY HOSPITAL	76.01	0	70.00
71.00		0.00	0	CLINIC	90.00	0	71.00
72.00		0.00	0	EMERGENCY	91.00	0	72.00
73.00		0.00	0	KIDNEY ACQUISITION	105.00	0	73.00
74.00		0.00	0	LIVER ACQUISITION	107.00	0	74.00
75.00		0.00	0	PANCREAS ACQUISITION	109.00	0	75.00
76.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	76.00
77.00		0.00	0	FUND RAISING	190.01	0	77.00
78.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	78.00
79.00		0.00	0	MEDICAL COLLEGE	194.00	0	79.00
80.00		0.00	0	AFFIL CORP ARC VENTURES	194.01	0	80.00
81.00		0.00	0	AFFIL CORP ROOM 500	194.02	0	81.00
	TOTALS		0	TOTALS		0	
	J - AFFIL CORP OH #45969						
1.00	CORPORATE ADMINISTRATION	5.11	0	NURSING SCHOOL SPLIT	18.16	0	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2.00
3.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3.00
4.00		0.00	0	CLINIC	90.00	0	4.00
5.00		0.00	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	5.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
6.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	6.00
7.00		0.00	0	MEDICAL COLLEGE	194.00	0	7.00
	TOTALS		0	TOTALS		0	
	K - NURSE ANESTH						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	2,569,101	ANESTHESIOLOGY	53.00	2,569,101	1.00
	TOTALS		2,569,101	TOTALS		2,569,101	
	L - DATA CENTER						
1.00	ADMIN & GEN PT SERVICE	5.07	11,168,372	CORPORATE ADMINISTRATION	5.11	11,168,372	1.00
	TOTALS		11,168,372	TOTALS		11,168,372	
	M - PASTORAL CARE						
1.00	PARAMED PASTORAL CARE	23.06	416,794	PARAMED PASTORAL CARE	23.06	142,004	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	142,004	ADMIN & GEN PT SERVICE	5.07	416,794	2.00
3.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3.00
	TOTALS		558,798	TOTALS		558,798	
	N - MALPRACTICE						
1.00	CORPORATE ADMINISTRATION	5.11	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1.00
	TOTALS		0	TOTALS		0	
	O - DEPRECIATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	DEPRECIATION OLD HOSPITAL	1.01	0	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0		0.00	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0		0.00	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0		0.00	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0		0.00	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0		0.00	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0		0.00	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0		0.00	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0		0.00	0	10.00
11.00	DEPRECIATION JRB	1.11	0		0.00	0	11.00
12.00	DEPRECIATION TOB	1.12	0		0.00	0	12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0		0.00	0	13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0		0.00	0	14.00
15.00	DEPRECIATION KIDSTON	1.15	0		0.00	0	15.00
16.00	DEPRECIATION COHN	1.16	0		0.00	0	16.00
17.00	DEPRECIATION TOWER	1.17	0		0.00	0	17.00
	TOTALS		0	TOTALS		0	
	P - INTEREST						
1.00	INTEREST GENERAL	2.01	0	INTEREST GENERAL	2.01	0	1.00
2.00	INTEREST DIRECT BLDG	2.02	0		0.00	0	2.00
3.00	INTEREST ATRUM PAV	2.03	0		0.00	0	3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0		0.00	0	4.00
5.00	INTEREST TOB	2.05	0		0.00	0	5.00
6.00	INTEREST PRO BLDG III	2.06	0		0.00	0	6.00
7.00	INTEREST TOWER	2.07	0		0.00	0	7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0		0.00	0	8.00
	TOTALS		0	TOTALS		0	
	Q - NURSING SALARY						
1.00	NURSERY	43.00	1,578,023	ADULTS & PEDIATRICS	30.00	1,578,023	1.00
	TOTALS		1,578,023	TOTALS		1,578,023	
	R - PHYSICS RESIDENTS						
1.00	PARAMED MEDICAL PHYSICS	23.05	119,014	CORPORATE ADMINISTRATION	5.11	10,618	1.00
2.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	108,396	2.00
	TOTALS		119,014	TOTALS		119,014	
	S - RENAL DIALYSIS SPLIT						
1.00	RENAL DIALYSIS	74.00	79,072	MEDICAL RECORDS & LIBRARY	16.01	26,572	1.00
2.00	RENAL DIALYSIS I/P	76.00	2,255	RENAL DIALYSIS	74.00	2,255	2.00
3.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	52,500	3.00
	TOTALS		81,327	TOTALS		81,327	
	T - NON-RESEARCH						
1.00	EMPLOYEE BENEFITS	4.00	0	DISCRETIONARY OPERATIONS	18.12	7,218,861	1.00
2.00	ADMIN & GEN PT SERVICE	5.07	163,827	PSYCH DAY HOSPITAL	76.01	4,292	2.00
3.00	CORPORATE ADMINISTRATION	5.11	91,605		0.00	0	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.01	0		0.00	0	4.00
5.00	CLINICAL LAB ADMIN PED	18.01	65,317		0.00	0	5.00
6.00	CLINICAL LAB ADMIN OB	18.02	167,949		0.00	0	6.00
7.00	CLINICAL LAB ADMIN SURG	18.03	239,844		0.00	0	7.00
8.00	CLINICAL LAB ADMIN PSYCH	18.04	131,186		0.00	0	8.00
9.00	CLINICAL LAB ADMIN PATH	18.05	43,754		0.00	0	9.00
10.00	CLINICAL LAB ADMIN CARD	18.06	56,259		0.00	0	10.00
11.00	CLINICAL LAB ADMIN HEMAT	18.07	16,724		0.00	0	11.00
12.00	CLINICAL LAB ADMIN NEUR	18.08	635,065		0.00	0	12.00

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
13.00	DISCRETIONARY OPERATIONS	18.12	3,363,310		0.00	0	13.00
14.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	417,740		0.00	0	14.00
15.00	NURSING SCHOOL SPLIT	18.16	55,274		0.00	0	15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	458,678		0.00	0	16.00
17.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	500		0.00	0	17.00
18.00	PARAMED RESPIRATORY THERAPY	23.10	0		0.00	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	5,691		0.00	0	19.00
20.00	PREMATURE INTENSIVE CARE UNIT	35.02	28,478		0.00	0	20.00
21.00	ANESTHESIOLOGY	53.00	0		0.00	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0		0.00	0	22.00
23.00	RADIOISOTOPE	56.00	0		0.00	0	23.00
24.00	LABORATORY	60.00	1,074,052		0.00	0	24.00
25.00	RESPIRATORY THERAPY	65.00	0		0.00	0	25.00
26.00	PHYSICAL THERAPY	66.00	0		0.00	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	123,585		0.00	0	27.00
28.00	RENAL DIALYSIS	74.00	0		0.00	0	28.00
29.00	PSYCH DAY HOSPITAL	76.01	0		0.00	0	29.00
30.00	EMERGENCY	91.00	23,518		0.00	0	30.00
31.00	FUND RAISING	190.01	60,797		0.00	0	31.00
32.00	MEDICAL COLLEGE	194.00	0		0.00	0	32.00
	TOTALS		7,223,153	TOTALS		7,223,153	
	U - HSM TEACHING						
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	643,504	EMPLOYEE BENEFITS	4.00	4,679	1.00
2.00		0.00	0	RESEARCH ADMINISTRATION	5.03	16,285	2.00
3.00		0.00	0	ADMIN & GEN PT SERVICE	5.07	75,087	3.00
4.00		0.00	0	PERSONNEL DEPARTMENT	5.08	15,751	4.00
5.00		0.00	0	RESEARCH SPA	5.10	1,029	5.00
6.00		0.00	0	CORPORATE ADMINISTRATION	5.11	280,329	6.00
7.00		0.00	0	MAINTENANCE & REPAIRS	6.00	31,915	7.00
8.00		0.00	0	DIETARY	10.00	6,961	8.00
9.00		0.00	0	NURSING ADMINISTRATION	13.00	15,676	9.00
10.00		0.00	0	CLINICAL LAB ADMIN MED	18.00	6,972	10.00
11.00		0.00	0	CLINICAL LAB ADMIN SURG	18.03	11,603	11.00
12.00		0.00	0	NURSING SCHOOL SPLIT	18.16	5,623	12.00
13.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,029	13.00
14.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,679	14.00
15.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	5,756	15.00
16.00		0.00	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	600	16.00
17.00		0.00	0	LABORATORY	60.00	3,833	17.00
18.00		0.00	0	PSYCH DAY HOSPITAL	76.01	13,408	18.00
19.00		0.00	0	CLINIC	90.00	5,968	19.00
20.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	18,964	20.00
21.00		0.00	0	RESEARCH	191.00	60,842	21.00
22.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	47,933	22.00
23.00		0.00	0	MEDICAL COLLEGE	194.00	10,582	23.00
	TOTALS		643,504	TOTALS		643,504	
	V - TUITION ASSISTANCE						
1.00	NURSING SCHOOL	20.00	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
	W - ACCREATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	DEPRECIATION OLD HOSPITAL	1.01	0	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0		0.00	0	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0		0.00	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0		0.00	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0		0.00	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0		0.00	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0		0.00	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0		0.00	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0		0.00	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0		0.00	0	10.00
11.00	DEPRECIATION JRB	1.11	0		0.00	0	11.00
12.00	DEPRECIATION TOB	1.12	0		0.00	0	12.00

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
13.00	DEPRECIATION KIDSTON	1.15	0		0.00	0	13.00
14.00	DEPRECIATION COHN	1.16	0		0.00	0	14.00
15.00	DEPRECIATION TOWER	1.17	0		0.00	0	15.00
	TOTALS		0	TOTALS		0	
	X - IMPLANT DIRECT COST						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	EMERGENCY	91.00	0	1.00
2.00		0.00	0	LABORATORY	60.00	0	2.00
3.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	3.00
4.00		0.00	0	OPERATING ROOM	50.00	0	4.00
5.00		0.00	0	OPERATING ROOM	50.00	0	5.00
6.00		0.00	0	OPERATING ROOM	50.00	0	6.00
7.00		0.00	0	SPEECH PATHOLOGY	68.00	0	7.00
8.00		0.00	0	SPEECH PATHOLOGY	68.00	0	8.00
9.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	9.00
10.00		0.00	0	LABORATORY	60.00	0	10.00
11.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	11.00
12.00		0.00	0	LABORATORY	60.00	0	12.00
13.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	13.00
14.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	14.00
15.00		0.00	0	CLINIC	90.00	0	15.00
16.00		0.00	0	CLINIC	90.00	0	16.00
	TOTALS		0	TOTALS		0	
	Y - PHARMACY RESIDENTS						
1.00	PARAMED PHARMACY	23.09	458,445	PHARMACY	15.00	458,445	1.00
	TOTALS		458,445	TOTALS		458,445	
	Z - DEANS OFFICE						
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0		0.00	0	2.00
3.00	PARAMED DIETARY	23.02	0		0.00	0	3.00
4.00	PARAMED TECHNOLOGY	23.07	0		0.00	0	4.00
5.00	PARAMED SPEECH	23.03	0		0.00	0	5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0		0.00	0	6.00
7.00	PARAMED MEDICAL PHYSICS	23.05	0		0.00	0	7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0		0.00	0	8.00
9.00	PARAMED VASCULAR ULTRASOUND	23.08	0		0.00	0	9.00
10.00	PARAMED PHYSICIANS ASSISTANT	23.11	0		0.00	0	10.00
11.00	PARAMED RESPIRATORY THERAPY	23.10	0		0.00	0	11.00
12.00	MEDICAL COLLEGE	194.00	0		0.00	0	12.00
13.00	MEDICAL COLLEGE	194.00	0		0.00	0	13.00
14.00	MEDICAL COLLEGE	194.00	0		0.00	0	14.00
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		30,143,658	Grand Total: Decreases		30,143,658	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-7 Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,190,156	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,625,119,892	27,818,447	0	27,818,447	38,992	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	21,257,546	11,884,200	0	11,884,200	0	5.00
6.00	Movable Equipment	387,487,664	27,047,082	0	27,047,082	45,617,250	6.00
7.00	HIT designated Assets	66,898,583	364,063	0	364,063	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,117,953,841	67,113,792	0	67,113,792	45,656,242	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,117,953,841	67,113,792	0	67,113,792	45,656,242	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	17,190,156	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	1,652,899,347	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	33,141,746	0	5.00
6.00	Movable Equipment	368,917,496	0	6.00
7.00	HIT designated Assets	67,262,646	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,139,411,391	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,139,411,391	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-7 Part II Date/Time Prepared: 11/20/2013 4:11 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
1.01	DEPRECIATION OLD HOSPITAL	-9,548,182	0	0	0	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	32,027,177	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	-9,548,182	0	32,027,177	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
1.01	DEPRECIATION OLD HOSPITAL	0	-9,548,182	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	1.10
1.11	DEPRECIATION JRB	0	0	1.11
1.12	DEPRECIATION TOB	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	1.15
1.16	DEPRECIATION COHN	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	INTEREST GENERAL	0	32,027,177	2.01
2.02	INTEREST DIRECT BLDG	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	2.04
2.05	INTEREST TOB	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	2.06
2.07	INTEREST TOWER	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	2.08
3.00	Total (sum of lines 1-2)	0	22,478,995	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-7 Part III Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	55,856,383	0	55,856,383	0.026320	0	1.01
1.02	DEPRECIATION DIRECT BLDG	388,232,117	0	388,232,117	0.182937	0	1.02
1.03	DEPRECIATION KELLOGG PAV	94,767,730	0	94,767,730	0.044655	0	1.03
1.04	DEPRECIATION JELKE SOUTH	104,766,028	0	104,766,028	0.049366	0	1.04
1.05	DEPRECIATION ATRIUM PAV	154,649,742	0	154,649,742	0.072872	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	36,484,076	0	36,484,076	0.017191	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	31,268,669	0	31,268,669	0.014734	0	1.07
1.08	DEPRECIATION WOOD ST	6,022,243	0	6,022,243	0.002838	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	74,332,742	0	74,332,742	0.035026	0	1.09
1.10	DEPRECIATION PRO BLDG III	51,446,114	0	51,446,114	0.024242	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0.000000	0	1.11
1.12	DEPRECIATION TOB	33,477,020	0	33,477,020	0.015775	0	1.12
1.13	DEPRECIATION EQUIPMENT	422,090,871	0	422,090,871	0.198891	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	35,752,300	0	35,752,300	0.016847	0	1.14
1.15	DEPRECIATION KIDSTON	4,923,277	0	4,923,277	0.002320	0	1.15
1.16	DEPRECIATION COHN	65,165,124	0	65,165,124	0.030706	0	1.16
1.17	DEPRECIATION TOWER	562,986,799	0	562,986,799	0.265280	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	INTEREST GENERAL	0	0	0	0.000000	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0.000000	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0.000000	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0.000000	0	2.04
2.05	INTEREST TOB	0	0	0	0.000000	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0.000000	0	2.06
2.07	INTEREST TOWER	0	0	0	0.000000	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0.000000	0	2.08
3.00	Total (sum of lines 1-2)	2,122,221,235	0	2,122,221,235	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	11,619,949	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	8,708,977	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	3,421,932	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	3,337,725	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	4,031,862	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	1,508,788	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,431,603	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	315,416	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	1,458,415	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	1,086,104	0	1.10
1.11	DEPRECIATION JRB	0	0	0	1,167,969	0	1.11
1.12	DEPRECIATION TOB	0	0	0	1,026,665	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	48,770,378	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	1,093,822	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	54,898	0	1.15
1.16	DEPRECIATION COHN	0	0	0	1,570,707	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	19,432,145	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	0	0	0	110,037,355	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-7 Part III Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	0	11,619,949	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	8,708,977	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	3,421,932	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	3,337,725	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	4,031,862	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	1,508,788	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	1,431,603	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	315,416	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	1,458,415	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	1,086,104	1.10
1.11	DEPRECIATION JRB	0	0	0	0	1,167,969	1.11
1.12	DEPRECIATION TOB	0	0	0	0	1,026,665	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	48,770,378	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	1,093,822	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	54,898	1.15
1.16	DEPRECIATION COHN	0	0	0	0	1,570,707	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	19,432,145	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	2,536,156	0	0	0	2,536,156	2.01
2.02	INTEREST DIRECT BLDG	1,142,380	0	0	0	1,142,380	2.02
2.03	INTEREST ATRUM PAV	3,772,401	0	0	0	3,772,401	2.03
2.04	INTEREST PRO BLDG SOUTH	595,203	0	0	0	595,203	2.04
2.05	INTEREST TOB	904,577	0	0	0	904,577	2.05
2.06	INTEREST PRO BLDG III	12,815	0	0	0	12,815	2.06
2.07	INTEREST TOWER	13,574,430	0	0	0	13,574,430	2.07
2.08	INTEREST PRO BLDG NORTH	71,498	0	0	0	71,498	2.08
3.00	Total (sum of lines 1-2)	22,609,460	0	0	0	132,646,815	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8 | Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - DEPRECIATION OLD HOSPITAL (chapter 2)		0	DEPRECIATION OLD HOSPITAL	1.01	0	1.01
1.02	Investment income - DEPRECIATION DIRECT BLDG (chapter 2)		0	DEPRECIATION DIRECT BLDG	1.02	0	1.02
1.03	Investment income - DEPRECIATION KELLOGG PAV (chapter 2)		0	DEPRECIATION KELLOGG PAV	1.03	0	1.03
1.04	Investment income - DEPRECIATION JELKE SOUTH (chapter 2)		0	DEPRECIATION JELKE SOUTH	1.04	0	1.04
1.05	Investment income - DEPRECIATION ATRIUM PAV (chapter 2)		0	DEPRECIATION ATRIUM PAV	1.05	0	1.05
1.06	Investment income - DEPRECIATION PRO BLDG NORTH (chapter 2)		0	DEPRECIATION PRO BLDG NORTH	1.06	0	1.06
1.07	Investment income - DEPRECIATION PRO BLDG SOUTH (chapter 2)		0	DEPRECIATION PRO BLDG SOUTH	1.07	0	1.07
1.08	Investment income - DEPRECIATION WOOD ST (chapter 2)		0	DEPRECIATION WOOD ST	1.08	0	1.08
1.09	Investment income - DEPRECIATION ACADEMIC FACILITY (chapter 2)		0	DEPRECIATION ACADEMIC FACILITY	1.09	0	1.09
1.10	Investment income - DEPRECIATION PRO BLDG III (chapter 2)		0	DEPRECIATION PRO BLDG III	1.10	0	1.10
1.11	Investment income - DEPRECIATION JRB (chapter 2)		0	DEPRECIATION JRB	1.11	0	1.11
1.12	Investment income - DEPRECIATION TOB (chapter 2)		0	DEPRECIATION TOB	1.12	0	1.12
1.13	Investment income - DEPRECIATION EQUIPMENT (chapter 2)		0	DEPRECIATION EQUIPMENT	1.13	0	1.13
1.14	Investment income - DEPRECIATION ORTHOPEDICS (chapter 2)		0	DEPRECIATION ORTHOPEDICS	1.14	0	1.14
1.15	Investment income - DEPRECIATION KIDSTON (chapter 2)		0	DEPRECIATION KIDSTON	1.15	0	1.15
1.16	Investment income - DEPRECIATION COHN (chapter 2)		0	DEPRECIATION COHN	1.16	0	1.16
1.17	Investment income - DEPRECIATION TOWER (chapter 2)		0	DEPRECIATION TOWER	1.17	0	1.17
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - INTEREST GENERAL (chapter 2)		0	INTEREST GENERAL	2.01	0	2.01
2.02	Investment income - INTEREST DIRECT BLDG (chapter 2)		0	INTEREST DIRECT BLDG	2.02	0	2.02
2.03	Investment income - INTEREST ATRUM PAV (chapter 2)		0	INTEREST ATRUM PAV	2.03	0	2.03
2.04	Investment income - INTEREST PRO BLDG SOUTH (chapter 2)		0	INTEREST PRO BLDG SOUTH	2.04	0	2.04
2.05	Investment income - INTEREST TOB (chapter 2)		0	INTEREST TOB	2.05	0	2.05
2.06	Investment income - INTEREST PRO BLDG III (chapter 2)		0	INTEREST PRO BLDG III	2.06	0	2.06
2.07	Investment income - INTEREST TOWER (chapter 2)		0	INTEREST TOWER	2.07	0	2.07
2.08	Investment income - INTEREST PRO BLDG NORTH (chapter 2)		0	INTEREST PRO BLDG NORTH	2.08	0	2.08
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

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8 | Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
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)	A	-77,456	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,998,815			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	242,516			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-82,925	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - DEPRECIATION OLD HOSPITAL		0	DEPRECIATION OLD HOSPITAL	1.01	0	26.01
26.02	Depreciation - DEPRECIATION DIRECT BLDG		0	DEPRECIATION DIRECT BLDG	1.02	0	26.02
26.03	Depreciation - DEPRECIATION KELLOGG PAV		0	DEPRECIATION KELLOGG PAV	1.03	0	26.03
26.04	Depreciation - DEPRECIATION JELKE SOUTH		0	DEPRECIATION JELKE SOUTH	1.04	0	26.04
26.05	Depreciation - DEPRECIATION ATRIUM PAV		0	DEPRECIATION ATRIUM PAV	1.05	0	26.05
26.06	Depreciation - DEPRECIATION PRO BLDG NORTH		0	DEPRECIATION PRO BLDG NORTH	1.06	0	26.06
26.07	Depreciation - DEPRECIATION PRO BLDG SOUTH		0	DEPRECIATION PRO BLDG SOUTH	1.07	0	26.07
26.08	Depreciation - DEPRECIATION WOOD ST		0	DEPRECIATION WOOD ST	1.08	0	26.08
26.09	Depreciation - DEPRECIATION ACADEMIC FACILITY		0	DEPRECIATION ACADEMIC FACILITY	1.09	0	26.09
26.10	Depreciation - DEPRECIATION PRO BLDG III		0	DEPRECIATION PRO BLDG III	1.10	0	26.10
26.11	Depreciation - DEPRECIATION JRB		0	DEPRECIATION JRB	1.11	0	26.11
26.12	Depreciation - DEPRECIATION TOB		0	DEPRECIATION TOB	1.12	0	26.12

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8 | Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
26.13	Depreciation - DEPRECIATION EQUIPMENT		0	DEPRECIATION EQUIPMENT	1.13	0	26.13
26.14	Depreciation - DEPRECIATION ORTHOPEDICS		0	DEPRECIATION ORTHOPEDICS	1.14	0	26.14
26.15	Depreciation - DEPRECIATION KIDSTON		0	DEPRECIATION KIDSTON	1.15	0	26.15
26.16	Depreciation - DEPRECIATION COHN		0	DEPRECIATION COHN	1.16	0	26.16
26.17	Depreciation - DEPRECIATION TOWER		0	DEPRECIATION TOWER	1.17	0	26.17
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - INTEREST GENERAL		0	INTEREST GENERAL	2.01	0	27.01
27.02	Depreciation - INTEREST DIRECT BLDG		0	INTEREST DIRECT BLDG	2.02	0	27.02
27.03	Depreciation - INTEREST ATRUM PAV		0	INTEREST ATRUM PAV	2.03	0	27.03
27.04	Depreciation - INTEREST PRO BLDG SOUTH		0	INTEREST PRO BLDG SOUTH	2.04	0	27.04
27.05	Depreciation - INTEREST TOB		0	INTEREST TOB	2.05	0	27.05
27.06	Depreciation - INTEREST PRO BLDG III		0	INTEREST PRO BLDG III	2.06	0	27.06
27.07	Depreciation - INTEREST TOWER		0	INTEREST TOWER	2.07	0	27.07
27.08	Depreciation - INTEREST PRO BLDG NORTH		0	INTEREST PRO BLDG NORTH	2.08	0	27.08
28.00	Non-physician Anesthetist	A	-2,569,101	NONPHYSICIAN ANESTHETISTS	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	TELEPHONE	A	-57,976	DEPRECIATION EQUIPMENT	1.13	9	33.00
33.01	TELEPHONE	A	-17,421	CORPORATE ADMINISTRATION	5.11	0	33.01
33.02	TELEPHONE	A	-474,527	ADMIN & GEN PT SERVICE	5.07	0	33.02
33.10	EMPLOYEE ALLOWANCE	A	-110,364	EMPLOYEE BENEFITS	4.00	0	33.10
33.20	UNEMPLOYMENT COMP	A	111,523	EMPLOYEE BENEFITS	4.00	0	33.20
33.30	1/2 YEAR EQUIPMENT AFTER 10	A	-1,299,385	DEPRECIATION EQUIPMENT	1.13	9	33.30
33.40	COMPONENT DEPRECIATION	A	114,998	DEPRECIATION JRB	1.11	9	33.40
33.41	COMPONENT DEPRECIATION	A	119,472	DEPRECIATION PRO BLDG SOUTH	1.07	9	33.41
33.42	COMPONENT DEPRECIATION	A	-39,109	DEPRECIATION DIRECT BLDG	1.02	9	33.42
33.50	UNALLOWABLE COSTS	A	-8,397,174	CORPORATE ADMINISTRATION	5.11	0	33.50
33.60	MALPRACTICE TRUST INCOME	B	-5,949,675	CORPORATE ADMINISTRATION	5.11	0	33.60
33.70	STRATEGIC SUPPORT SUBSIDIES	A	-38,239,274	TRANSITION RECRUITMENT	5.01	0	33.70
33.80	DEFFERALS	A	108,098	DEPRECIATION OLD HOSPITAL	1.01	9	33.80
33.81	DEFFERALS	A	6,060	DEPRECIATION DIRECT BLDG	1.02	9	33.81
33.82	DEFFERALS	A	19,947	DEPRECIATION ATRIUM PAV	1.05	9	33.82
33.83	DEFFERALS	A	7,660	DEPRECIATION ACADEMIC FACILITY	1.09	9	33.83
33.84	DEFFERALS	A	210,702	DEPRECIATION EQUIPMENT	1.13	9	33.84
33.90	INTEREST INCOME	B	-1,056,410	INTEREST GENERAL	2.01	11	33.90
33.91	INTEREST INCOME	B	-475,845	INTEREST DIRECT BLDG	2.02	11	33.91
33.92	INTEREST INCOME	B	-1,571,351	INTEREST ATRUM PAV	2.03	11	33.92
33.93	INTEREST INCOME	B	-247,925	INTEREST PRO BLDG SOUTH	2.04	11	33.93
33.94	INTEREST INCOME	B	-376,791	INTEREST TOB	2.05	11	33.94
33.95	INTEREST INCOME	B	-5,338	INTEREST PRO BLDG III	2.06	11	33.95
33.96	INTEREST INCOME	B	-5,654,276	INTEREST TOWER	2.07	11	33.96
33.97	INTEREST INCOME	B	-29,781	INTEREST PRO BLDG NORTH	2.08	11	33.97
34.00	LOSS ON SALE OF EQUIPMENT	B	235,642	DEPRECIATION EQUIPMENT	1.13	9	34.00
34.05	MEDICAID PROVIDER TAX	A	-24,640,032	CORPORATE ADMINISTRATION	5.11	0	34.05
34.10	POST RETIREMENT INCOME	A	247,008	EMPLOYEE BENEFITS	4.00	0	34.10
34.11	PENSION	A	21,770,107	EMPLOYEE BENEFITS	4.00	0	34.11
34.15	PASTORAL CARE RESIDENTS	B	-4,500	PARAMED PASTORAL CARE	23.06	0	34.15
34.16	PHARMACY RESIDENTS	B	-46,000	PARAMED PHARMACY	23.09	0	34.16

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8 | Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.20	SALE OF SCRAP	B	-395,186	ADMIN & GEN PT SERVICE	5.07	0	34.20
34.21	SALE OF SCRAP	B	-105,049	CORPORATE ADMINISTRATION	5.11	0	34.21
34.25	BUS REVENUE	B	-153,742	EMPLOYEE BENEFITS	4.00	0	34.25
35.00	MISC INCOME	B	-15,938	CORPORATE ADMINISTRATION	5.11	0	35.00
35.01	MISC INCOME	B	-20	ADMIN & GEN INPT SERVICE	5.04	0	35.01
35.02	MISC INCOME	B	-5,175	ADMIN & GEN PT SERVICE	5.07	0	35.02
35.03	MISC INCOME	B	-11,276	ADMIN & GEN PT SERVICE	5.07	0	35.03
35.04	MISC INCOME	B	-4,700	ADMIN & GEN INPT SERVICE	5.04	0	35.04
35.05	MISC INCOME	B	1,175	CORPORATE ADMINISTRATION	5.11	0	35.05
35.06	MISC INCOME	B	-43,505	PSYCH DAY HOSPITAL	76.01	0	35.06
35.07	MISC INCOME	B	-81,186	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.07
35.08	MISC INCOME	B	-18,713	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.08
35.09	MISC INCOME	B	-9,236	LABORATORY	60.00	0	35.09
35.10	MISC INCOME	B	-399	CLINICAL LAB ADMIN OCLS	18.09	0	35.10
35.11	MISC INCOME	B	-4,791	LABORATORY	60.00	0	35.11
35.12	MISC INCOME	B	-228,393	LABORATORY	60.00	0	35.12
35.13	MISC INCOME	B	-2,802	LABORATORY	60.00	0	35.13
35.14	MISC INCOME	B	-139,416	LABORATORY	60.00	0	35.14
35.15	MISC INCOME	B	-1,278	LABORATORY - HLA	60.01	0	35.15
35.16	MISC INCOME	B	-54,313	LABORATORY	60.00	0	35.16
35.17	MISC INCOME	B	-953	LABORATORY	60.00	0	35.17
35.18	MISC INCOME	B	-92,981	LABORATORY	60.00	0	35.18
35.19	MISC INCOME	B	-833	LABORATORY	60.00	0	35.19
35.20	MISC INCOME	B	-2,160	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	35.20
35.21	MISC INCOME	B	1,333	MAINTENANCE & REPAIRS	6.00	0	35.21
35.22	MISC INCOME	B	-379,232	MAINTENANCE & REPAIRS	6.00	0	35.22
35.23	MISC INCOME	B	-156,106	MAINTENANCE & REPAIRS	6.00	0	35.23
35.24	MISC INCOME	B	-74,354	HOUSEKEEPING	9.00	0	35.24
35.25	MISC INCOME	B	-71,306	CLINIC	90.00	0	35.25
35.26	MISC INCOME	B	-32,195	EMPLOYEE BENEFITS	4.00	0	35.26
35.27	MISC INCOME	B	400	ADULTS & PEDIATRICS	30.00	0	35.27
35.28	MISC INCOME	B	-21,301	PREMATURE INTENSIVE CARE UNIT	35.02	0	35.28
35.29	MISC INCOME	B	-6,000	ADMIN & GEN PT SERVICE	5.07	0	35.29
35.30	MISC INCOME	B	-46,000	MAINTENANCE & REPAIRS	6.00	0	35.30
35.31	MISC INCOME	B	-14,118	NURSING ADMINISTRATION	13.00	0	35.31
35.32	MISC INCOME	B	-5,162	NURSING ADMINISTRATION	13.00	0	35.32
35.33	MISC INCOME	B	-116,865	NURSING ADMINISTRATION	13.00	0	35.33
35.34	MISC INCOME	B	-307,324	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.34
35.35	MISC INCOME	B	-20,000	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.35
35.36	MISC INCOME	B	-33,150	LABORATORY	60.00	0	35.36
35.37	MISC INCOME	B	-885	ADMIN & GEN PT SERVICE	5.07	0	35.37
35.38	MISC INCOME	B	-7,656	LABORATORY	60.00	0	35.38
35.39	MISC INCOME	B	-3,805	SPEECH PATHOLOGY	68.00	0	35.39
35.40	MISC INCOME	B	-29,400	ELECTROENCEPHALOGRAPHY	70.00	0	35.40
35.41	MISC INCOME	B	-3,886	LABORATORY	60.00	0	35.41
35.42	MISC INCOME	B	-5,430	RESPIRATORY THERAPY	65.00	0	35.42
35.43	MISC INCOME	B	-1,268	PSYCH DAY HOSPITAL	76.01	0	35.43
35.44	MISC INCOME	B	40,226	ELECTROCARDIOLOGY	69.00	0	35.44
35.45	MISC INCOME	B	-2,220	PHYSICAL THERAPY	66.00	0	35.45
35.46	MISC INCOME	B	-26	OCCUPATIONAL THERAPY	67.00	0	35.46
35.47	MISC INCOME	B	-191,311	LABORATORY	60.00	0	35.47
35.48	MISC INCOME	B	-69,519	LABORATORY	60.00	0	35.48
36.00	B-1 REVENUE	B	-1,387,648	EMPLOYEE BENEFITS	4.00	0	36.00
36.01	B-1 REVENUE	B	-9,591,692	PARKING GARAGE	5.02	0	36.01
36.02	B-1 REVENUE	B	-27,407	LAUNDRY & LINEN SERVICE	8.00	0	36.02
36.03	B-1 REVENUE	B	-669	DIETARY	10.00	0	36.03
36.04	B-1 REVENUE	B	-47,804	PATIENT FOOD SERVICE	10.01	0	36.04
36.05	B-1 REVENUE	B	-2,874,500	CAFETERIA	11.00	0	36.05
36.06	B-1 REVENUE	B	-22,584	MEDICAL RECORDS & LIBRARY	16.00	0	36.06
36.07	B-1 REVENUE	B	-495,414	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	36.07
36.08	B-1 REVENUE	B	-14,039	CORPORATE ADMINISTRATION	5.11	0	36.08
36.09	B-1 REVENUE	B	-1,363,055	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	36.09

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8 | Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
36.10	B-1 REVENUE	B	-829,955	PARAMED MEDICAL PERFUSION TECH	23.01	0	36.10
36.11	B-1 REVENUE	B	-694,616	PARAMED DIETARY	23.02	0	36.11
36.12	B-1 REVENUE	B	-2,523,858	PARAMED SPEECH	23.03	0	36.12
36.13	B-1 REVENUE	B	-2,121,990	PARAMED OCCUPATIONAL THERAPY	23.04	0	36.13
36.14	B-1 REVENUE	B	-2,271,436	PARAMED TECHNOLOGY	23.07	0	36.14
36.15	B-1 REVENUE	B	-682,850	PARAMED VASCULAR ULTRASOUND	23.08	0	36.15
36.16	B-1 REVENUE	B	-1,756,634	PARAMED RESPIRATORY THERAPY	23.10	0	36.16
36.17	B-1 REVENUE	B	-2,211,124	PARAMED PHYSICIANS ASSISTANT	23.11	0	36.17
36.18	B-1 REVENUE	B	-16,361,373	NURSING SCHOOL	20.00	0	36.18
37.00	NR RECOVERIES	B	-40,714	EMPLOYEE BENEFITS	4.00	0	37.00
37.01	NR RECOVERIES	B	-298,388	ADMIN & GEN PT SERVICE	5.07	0	37.01
37.02	NR RECOVERIES	B	-119,526	CORPORATE ADMINISTRATION	5.11	0	37.02
37.03	NR RECOVERIES	B	-143,506	MEDICAL RECORDS & LIBRARY	16.01	0	37.03
37.04	NR RECOVERIES	B	-112,992	CLINICAL LAB ADMIN PED	18.01	0	37.04
37.05	NR RECOVERIES	B	-218,215	CLINICAL LAB ADMIN OB	18.02	0	37.05
37.06	NR RECOVERIES	B	-476,990	CLINICAL LAB ADMIN SURG	18.03	0	37.06
37.07	NR RECOVERIES	B	-210,728	CLINICAL LAB ADMIN PSYCH	18.04	0	37.07
37.08	NR RECOVERIES	B	-55,954	CLINICAL LAB ADMIN PATH	18.05	0	37.08
37.09	NR RECOVERIES	B	-168,154	CLINICAL LAB ADMIN CARD	18.06	0	37.09
37.10	NR RECOVERIES	B	-24,009	CLINICAL LAB ADMIN HEMAT	18.07	0	37.10
37.11	NR RECOVERIES	B	-1,204,583	CLINICAL LAB ADMIN NEUR	18.08	0	37.11
37.12	NR RECOVERIES	B	-6,766,940	DISCRETIONARY OPERATIONS	18.12	0	37.12
37.13	NR RECOVERIES	B	-661,695	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	37.13
37.14	NR RECOVERIES	B	-643,783	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	37.14
37.15	NR RECOVERIES	B	-207	PARAMED RESPIRATORY THERAPY	23.10	0	37.15
37.16	NR RECOVERIES	B	-26,419	ADULTS & PEDIATRICS	30.00	0	37.16
37.17	NR RECOVERIES	B	-82,286	PREMATURE INTENSIVE CARE UNIT	35.02	0	37.17
37.18	NR RECOVERIES	B	-96,620	ANESTHESIOLOGY	53.00	0	37.18
37.19	NR RECOVERIES	B	-5,278	RADIOLOGY-DIAGNOSTIC	54.00	0	37.19
37.20	NR RECOVERIES	B	-102	RADIOISOTOPE	56.00	0	37.20
37.21	NR RECOVERIES	B	-1,987,820	LABORATORY	60.00	0	37.21
37.22	NR RECOVERIES	B	-27,848	RESPIRATORY THERAPY	65.00	0	37.22
37.23	NR RECOVERIES	B	-3,115	PHYSICAL THERAPY	66.00	0	37.23
37.24	NR RECOVERIES	B	-158,180	ELECTROCARDIOLOGY	69.00	0	37.24
37.25	NR RECOVERIES	B	-942	RENAL DIALYSIS	74.00	0	37.25
37.26	NR RECOVERIES	B	-10,051	PSYCH DAY HOSPITAL	76.01	0	37.26
37.27	NR RECOVERIES	B	-1,484,739	EMERGENCY	91.00	0	37.27
37.28	NR RECOVERIES	B	-133,027	FUND RAISING	190.01	0	37.28
37.29	NR RECOVERIES	B	-9,413	MEDICAL COLLEGE	194.00	0	37.29
38.00	PROCUREMENT COSTS	A	-4,027	SURGICAL INTENSIVE CARE UNIT	34.00	0	38.00
38.01	PROCUREMENT COSTS	A	-8,519	OPERATING ROOM	50.00	0	38.01
38.02	PROCUREMENT COSTS	A	-953	ANESTHESIOLOGY	53.00	0	38.02
38.03	PROCUREMENT COSTS	A	-250	RADIOLOGY-DIAGNOSTIC	54.00	0	38.03
38.04	PROCUREMENT COSTS	A	-3,157	LABORATORY	60.00	0	38.04
38.05	PROCUREMENT COSTS	A	-63	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	38.05
38.06	PROCUREMENT COSTS	A	-9	INTRAVENOUS THERAPY	64.00	0	38.06
38.07	PROCUREMENT COSTS	A	-1,174	RESPIRATORY THERAPY	65.00	0	38.07
38.08	PROCUREMENT COSTS	A	-21	ELECTROCARDIOLOGY	69.00	0	38.08
38.09	PROCUREMENT COSTS	A	-27	ELECTROENCEPHALOGRAPHY	70.00	0	38.09
38.10	PROCUREMENT COSTS	A	-1,126	DRUGS CHARGED TO PATIENTS	73.00	0	38.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-136,625,346				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet A-8-1 Date/Time Prepared: 11/20/2013 4:11 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.11	DEPRECIATION JRB	DEPRECIATION JRB	242,517	1	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		0	242,517	1	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	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	C	RUMC	100.00	JRB TRUST	0.00	6.00
7.00	C	RUMC	100.00	ROOM 500	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: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet A-8-1 Date/Time Prepared: 11/20/2013 4:11 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	242,516	9		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	242,516			5.00

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

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

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

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

6.00	MANAGING ENTITY		6.00
7.00	CONFERENCE CTR		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: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2013 4:11 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	5.01	TRANSITION RECRUITMENT	732,527	0	732,527	165,600	2,164	1.00
2.00	5.07	ADMIN & GEN PT SERVICE	224,399	0	224,399	177,200	2,137	2.00
3.00	5.07	ADMIN & GEN PT SERVICE	697,789	0	697,789	165,600	4,640	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	42,321	0	42,321	177,200	763	4.00
5.00	5.09	RESEARCH FACULTY	138,538	0	138,538	177,200	1,444	5.00
6.00	5.09	RESEARCH FACULTY	14,067	0	14,067	154,100	190	6.00
7.00	5.09	RESEARCH FACULTY	14,891	0	14,891	225,300	2,607	7.00
8.00	5.09	RESEARCH FACULTY	157,967	0	157,967	200,800	782	8.00
9.00	5.09	RESEARCH FACULTY	1,032,501	0	1,032,501	165,600	13,280	9.00
10.00	5.09	RESEARCH FACULTY	20,096	0	20,096	177,200	285	10.00
11.00	5.09	RESEARCH FACULTY	60,357	0	60,357	208,000	396	11.00
12.00	5.09	RESEARCH FACULTY	8,344	0	8,344	177,200	278	12.00
13.00	5.09	RESEARCH FACULTY	75,756	0	75,756	208,000	1,056	13.00
14.00	5.09	RESEARCH FACULTY	209,492	0	209,492	177,200	3,123	14.00
15.00	5.09	RESEARCH FACULTY	55,151	0	55,151	154,100	261	15.00
16.00	5.09	RESEARCH FACULTY	29,959	0	29,959	225,300	550	16.00
17.00	5.10	RESEARCH SPA	5,395	0	5,395	177,200	65	17.00
18.00	5.10	RESEARCH SPA	10,970	0	10,970	200,300	130	18.00
19.00	5.10	RESEARCH SPA	67,737	0	67,737	208,000	261	19.00
20.00	5.10	RESEARCH SPA	25,292	0	25,292	177,200	107	20.00
21.00	5.10	RESEARCH SPA	21,948	0	21,948	225,300	130	21.00
22.00	5.10	RESEARCH SPA	13,009	0	13,009	138,700	130	22.00
23.00	5.10	RESEARCH SPA	17,552	0	17,552	200,800	76	23.00
24.00	5.10	RESEARCH SPA	407,511	0	407,511	165,600	3,013	24.00
25.00	5.10	RESEARCH SPA	93,600	0	93,600	177,200	397	25.00
26.00	5.10	RESEARCH SPA	45,057	0	45,057	208,000	130	26.00
27.00	5.10	RESEARCH SPA	23,974	0	23,974	177,200	261	27.00
28.00	5.10	RESEARCH SPA	126,200	0	126,200	208,000	517	28.00
29.00	5.10	RESEARCH SPA	76,686	0	76,686	140,600	991	29.00
30.00	5.10	RESEARCH SPA	13,766	0	13,766	177,200	261	30.00
31.00	5.10	RESEARCH SPA	4,334	0	4,334	208,000	11	31.00
32.00	5.10	RESEARCH SPA	158,712	0	158,712	154,100	1,023	32.00
33.00	5.10	RESEARCH SPA	19,176	0	19,176	225,300	124	33.00
34.00	5.11	CORPORATE ADMINISTRATION	54,848	0	54,848	200,300	652	34.00
35.00	5.11	CORPORATE ADMINISTRATION	132,765	0	132,765	208,000	387	35.00
36.00	5.11	CORPORATE ADMINISTRATION	50,585	0	50,585	177,200	215	36.00
37.00	5.11	CORPORATE ADMINISTRATION	109,736	0	109,736	225,300	652	37.00
38.00	5.11	CORPORATE ADMINISTRATION	186,560	0	186,560	177,200	2,262	38.00
39.00	5.11	CORPORATE ADMINISTRATION	26,020	0	26,020	138,700	261	39.00
40.00	5.11	CORPORATE ADMINISTRATION	84,837	0	84,837	200,800	336	40.00
41.00	5.11	CORPORATE ADMINISTRATION	357,191	0	357,191	165,600	3,891	41.00
42.00	5.11	CORPORATE ADMINISTRATION	135,999	0	135,999	177,200	1,078	42.00
43.00	5.11	CORPORATE ADMINISTRATION	180,232	0	180,232	208,000	521	43.00
44.00	5.11	CORPORATE ADMINISTRATION	123,676	0	123,676	196,400	1,609	44.00
45.00	5.11	CORPORATE ADMINISTRATION	47,948	0	47,948	177,200	521	45.00
46.00	5.11	CORPORATE ADMINISTRATION	171,258	0	171,258	208,000	871	46.00
47.00	5.11	CORPORATE ADMINISTRATION	176,410	0	176,410	140,600	1,499	47.00
48.00	5.11	CORPORATE ADMINISTRATION	27,531	0	27,531	177,200	521	48.00
49.00	5.11	CORPORATE ADMINISTRATION	7,880	0	7,880	208,000	21	49.00
50.00	5.11	CORPORATE ADMINISTRATION	55,151	0	55,151	154,100	261	50.00
51.00	5.11	CORPORATE ADMINISTRATION	156,153	0	156,153	225,300	652	51.00
52.00	5.11	CORPORATE ADMINISTRATION	48,904	0	48,904	177,200	300	52.00
53.00	16.01	MEDICAL RECORDS & LIBRARY	62,342	0	62,342	177,200	641	53.00
54.00	16.01	MEDICAL RECORDS & LIBRARY	23,787	0	23,787	200,800	248	54.00
55.00	18.00	CLINICAL LAB ADMIN MED	1,655,217	0	1,655,217	165,600	22,001	55.00
56.00	18.01	CLINICAL LAB ADMIN PED	14,316	0	14,316	140,600	248	56.00
57.00	18.01	CLINICAL LAB ADMIN PED	96,614	0	96,614	140,600	1,635	57.00
58.00	18.02	CLINICAL LAB ADMIN OB	153,140	0	153,140	196,400	2,346	58.00
59.00	18.03	CLINICAL LAB ADMIN SURG	344,699	0	344,699	200,800	1,723	59.00
60.00	18.03	CLINICAL LAB ADMIN SURG	90,183	0	90,183	208,000	372	60.00
61.00	18.03	CLINICAL LAB ADMIN SURG	52,567	0	52,567	208,000	413	61.00
62.00	18.08	CLINICAL LAB ADMIN NEUR	167,303	0	167,303	177,200	1,649	62.00
63.00	18.09	CLINICAL LAB ADMIN OCLS	21,889	0	21,889	165,600	325	63.00
64.00	18.09	CLINICAL LAB ADMIN OCLS	22,722	0	22,722	215,700	1,304	64.00
65.00	18.12	DISCRETIONARY OPERATIONS	19,200	0	19,200	177,200	109	65.00
66.00	18.12	DISCRETIONARY OPERATIONS	58,489	0	58,489	154,100	521	66.00
67.00	18.12	DISCRETIONARY OPERATIONS	60,779	0	60,779	208,000	371	67.00
68.00	18.12	DISCRETIONARY OPERATIONS	19,462	0	19,462	225,300	1,314	68.00
69.00	18.12	DISCRETIONARY OPERATIONS	35,788	0	35,788	177,200	387	69.00
70.00	18.12	DISCRETIONARY OPERATIONS	304,940	0	304,940	200,800	1,912	70.00
71.00	18.12	DISCRETIONARY OPERATIONS	744,998	0	744,998	165,600	6,730	71.00
72.00	18.12	DISCRETIONARY OPERATIONS	195,754	0	195,754	177,200	1,173	72.00
73.00	18.12	DISCRETIONARY OPERATIONS	33,951	0	33,951	208,000	223	73.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2013 4:11 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	
74.00	18.12	DISCRETIONARY OPERATIONS	215,056	0	215,056	196,400	2,445	74.00
75.00	18.12	DISCRETIONARY OPERATIONS	11,141	0	11,141	177,200	156	75.00
76.00	18.12	DISCRETIONARY OPERATIONS	144,735	0	144,735	208,000	2,854	76.00
77.00	18.12	DISCRETIONARY OPERATIONS	95,154	0	95,154	177,200	383	77.00
78.00	18.12	DISCRETIONARY OPERATIONS	152,523	0	152,523	140,600	2,198	78.00
79.00	18.12	DISCRETIONARY OPERATIONS	11,582	0	11,582	208,000	1,043	79.00
80.00	18.12	DISCRETIONARY OPERATIONS	171,071	0	171,071	154,100	2,107	80.00
81.00	18.12	DISCRETIONARY OPERATIONS	37,476	0	37,476	225,300	156	81.00
82.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	56,177	0	56,177	200,300	853	82.00
83.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	152,925	0	152,925	208,000	561	83.00
84.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	25,292	0	25,292	177,200	107	84.00
85.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21,948	0	21,948	225,300	130	85.00
86.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	89,996	0	89,996	138,700	1,173	86.00
87.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	152,121	0	152,121	200,800	597	87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	50,670	0	50,670	177,200	128	88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	45,057	0	45,057	208,000	130	89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	23,974	0	23,974	177,200	261	90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	31,491	0	31,491	208,000	129	91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	33,600	0	33,600	140,600	257	92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	13,766	0	13,766	177,200	261	93.00
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	4,334	0	4,334	208,000	11	94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	38,606	0	38,606	154,100	391	95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	93,692	0	93,692	225,300	391	96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	13,297	0	13,297	177,200	39	97.00
98.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	23,556	0	23,556	177,200	280	98.00
99.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,452	0	17,452	208,000	39	99.00
100.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	204,260	0	204,260	177,200	1,630	100.00
101.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,389	0	13,389	177,200	154	101.00
102.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	457,754	0	457,754	200,800	2,507	102.00
103.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,019,072	0	2,019,072	165,600	22,888	103.00
104.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	74,761	0	74,761	140,600	1,238	104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	539,130	0	539,130	177,200	6,556	105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	102,167	0	102,167	208,000	372	106.00
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	174,597	0	174,597	196,400	1,937	107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	60,461	0	60,461	177,200	1,407	108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	82,545	0	82,545	208,000	785	109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	48,682	0	48,682	177,200	881	110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	284,191	0	284,191	140,600	3,541	111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,170	0	7,170	177,200	1,043	112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,191	0	42,191	177,200	611	113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	572,228	0	572,228	154,100	7,744	114.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2013 4:11 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	
115.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,053	0	42,053	177,200	308	115.00
116.00	23.07	PARAMED TECHNOLOGY	34,402	0	34,402	165,600	511	116.00
117.00	23.11	PARAMED PHYSICIANS ASSISTANT	10,498	0	10,498	177,200	121	117.00
118.00	30.00	ADULTS & PEDIATRICS	116,658	0	116,658	140,600	1,483	118.00
119.00	35.00	MEDICAL INTENSIVE CARE UNIT	370,772	0	370,772	165,600	2,737	119.00
120.00	35.00	MEDICAL INTENSIVE CARE UNIT	110,341	0	110,341	177,200	743	120.00
121.00	35.02	PREMATURE INTENSIVE CARE UNIT	221,487	0	221,487	140,600	2,166	121.00
122.00	53.00	ANESTHESIOLOGY	6,849	0	6,849	200,300	119	122.00
123.00	54.00	RADIOLOGY-DIAGNOSTIC	198,258	0	198,258	225,300	752	123.00
124.00	60.00	LABORATORY	747,442	0	747,442	165,600	8,610	124.00
125.00	60.00	LABORATORY	153,142	0	153,142	215,700	2,607	125.00
126.00	60.00	LABORATORY	179,988	0	179,988	140,600	2,281	126.00
127.00	69.00	ELECTROCARDIOLOGY	505,784	0	505,784	165,600	3,933	127.00
128.00	69.00	ELECTROCARDIOLOGY	5,342	0	5,342	140,600	63	128.00
129.00	70.00	ELECTROENCEPHALOGRAPHY	27,265	0	27,265	177,200	353	129.00
130.00	76.01	PSYCH DAY HOSPITAL	893,480	0	893,480	154,100	12,865	130.00
131.00	91.00	EMERGENCY	112,824	0	112,824	177,200	1,230	131.00
132.00	91.00	EMERGENCY	69,694	0	69,694	165,600	1,115	132.00
133.00	91.00	EMERGENCY	321,000	0	321,000	154,100	4,769	133.00
134.00	105.00	KIDNEY ACQUISITION	1,216,245	0	1,216,245	208,000	18,021	134.00
135.00	106.00	HEART ACQUISITION	726,544	0	726,544	208,000	6,918	135.00
136.00	107.00	LIVER ACQUISITION	561,922	0	561,922	208,000	14,680	136.00
200.00			23,998,178	0	23,998,178		260,497	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01	TRANSITION RECRUITMENT	172,288	8,614	0	0	0	1.00
2.00	5.07	ADMIN & GEN PT SERVICE	182,056	9,103	0	0	0	2.00
3.00	5.07	ADMIN & GEN PT SERVICE	369,415	18,471	0	0	0	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	65,002	3,250	0	0	0	4.00
5.00	5.09	RESEARCH FACULTY	123,018	6,151	0	0	0	5.00
6.00	5.09	RESEARCH FACULTY	14,076	704	0	0	0	6.00
7.00	5.09	RESEARCH FACULTY	282,383	14,119	0	0	0	7.00
8.00	5.09	RESEARCH FACULTY	75,493	3,775	0	0	0	8.00
9.00	5.09	RESEARCH FACULTY	1,057,292	52,865	0	0	0	9.00
10.00	5.09	RESEARCH FACULTY	24,280	1,214	0	0	0	10.00
11.00	5.09	RESEARCH FACULTY	39,600	1,980	0	0	0	11.00
12.00	5.09	RESEARCH FACULTY	23,683	1,184	0	0	0	12.00
13.00	5.09	RESEARCH FACULTY	105,600	5,280	0	0	0	13.00
14.00	5.09	RESEARCH FACULTY	266,056	13,303	0	0	0	14.00
15.00	5.09	RESEARCH FACULTY	19,337	967	0	0	0	15.00
16.00	5.09	RESEARCH FACULTY	59,575	2,979	0	0	0	16.00
17.00	5.10	RESEARCH SPA	5,538	277	0	0	0	17.00
18.00	5.10	RESEARCH SPA	12,519	626	0	0	0	18.00
19.00	5.10	RESEARCH SPA	26,100	1,305	0	0	0	19.00
20.00	5.10	RESEARCH SPA	9,116	456	0	0	0	20.00
21.00	5.10	RESEARCH SPA	14,081	704	0	0	0	21.00
22.00	5.10	RESEARCH SPA	8,669	433	0	0	0	22.00
23.00	5.10	RESEARCH SPA	7,337	367	0	0	0	23.00
24.00	5.10	RESEARCH SPA	239,881	11,994	0	0	0	24.00
25.00	5.10	RESEARCH SPA	33,821	1,691	0	0	0	25.00
26.00	5.10	RESEARCH SPA	13,000	650	0	0	0	26.00
27.00	5.10	RESEARCH SPA	22,235	1,112	0	0	0	27.00
28.00	5.10	RESEARCH SPA	51,700	2,585	0	0	0	28.00
29.00	5.10	RESEARCH SPA	66,988	3,349	0	0	0	29.00
30.00	5.10	RESEARCH SPA	22,235	1,112	0	0	0	30.00
31.00	5.10	RESEARCH SPA	1,100	55	0	0	0	31.00
32.00	5.10	RESEARCH SPA	75,791	3,790	0	0	0	32.00
33.00	5.10	RESEARCH SPA	13,431	672	0	0	0	33.00
34.00	5.11	CORPORATE ADMINISTRATION	62,786	3,139	0	0	0	34.00
35.00	5.11	CORPORATE ADMINISTRATION	38,700	1,935	0	0	0	35.00
36.00	5.11	CORPORATE ADMINISTRATION	18,316	916	0	0	0	36.00
37.00	5.11	CORPORATE ADMINISTRATION	70,623	3,531	0	0	0	37.00
38.00	5.11	CORPORATE ADMINISTRATION	192,705	9,635	0	0	0	38.00
39.00	5.11	CORPORATE ADMINISTRATION	17,404	870	0	0	0	39.00
40.00	5.11	CORPORATE ADMINISTRATION	32,437	1,622	0	0	0	40.00
41.00	5.11	CORPORATE ADMINISTRATION	309,783	15,489	0	0	0	41.00
42.00	5.11	CORPORATE ADMINISTRATION	91,837	4,592	0	0	0	42.00
43.00	5.11	CORPORATE ADMINISTRATION	52,100	2,605	0	0	0	43.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2013 4:11 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	
44.00	5.11	CORPORATE ADMINISTRATION	151,927	7,596	0	0	0	44.00
45.00	5.11	CORPORATE ADMINISTRATION	44,385	2,219	0	0	0	45.00
46.00	5.11	CORPORATE ADMINISTRATION	87,100	4,355	0	0	0	46.00
47.00	5.11	CORPORATE ADMINISTRATION	101,327	5,066	0	0	0	47.00
48.00	5.11	CORPORATE ADMINISTRATION	44,385	2,219	0	0	0	48.00
49.00	5.11	CORPORATE ADMINISTRATION	2,100	105	0	0	0	49.00
50.00	5.11	CORPORATE ADMINISTRATION	19,337	967	0	0	0	50.00
51.00	5.11	CORPORATE ADMINISTRATION	70,623	3,531	0	0	0	51.00
52.00	5.11	CORPORATE ADMINISTRATION	25,558	1,278	0	0	0	52.00
53.00	16.01	MEDICAL RECORDS & LIBRARY	54,608	2,730	0	0	0	53.00
54.00	16.01	MEDICAL RECORDS & LIBRARY	23,942	1,197	0	0	0	54.00
55.00	18.00	CLINICAL LAB ADMIN MED	1,751,618	87,581	0	0	0	55.00
56.00	18.01	CLINICAL LAB ADMIN PED	16,764	838	0	0	0	56.00
57.00	18.01	CLINICAL LAB ADMIN PED	110,520	5,526	0	0	0	57.00
58.00	18.02	CLINICAL LAB ADMIN OB	221,517	11,076	0	0	0	58.00
59.00	18.03	CLINICAL LAB ADMIN SURG	166,336	8,317	0	0	0	59.00
60.00	18.03	CLINICAL LAB ADMIN SURG	37,200	1,860	0	0	0	60.00
61.00	18.03	CLINICAL LAB ADMIN SURG	41,300	2,065	0	0	0	61.00
62.00	18.08	CLINICAL LAB ADMIN NEUR	140,482	7,024	0	0	0	62.00
63.00	18.09	CLINICAL LAB ADMIN OCLS	25,875	1,294	0	0	0	63.00
64.00	18.09	CLINICAL LAB ADMIN OCLS	135,227	6,761	0	0	0	64.00
65.00	18.12	DISCRETIONARY OPERATIONS	9,286	464	0	0	0	65.00
66.00	18.12	DISCRETIONARY OPERATIONS	38,599	1,930	0	0	0	66.00
67.00	18.12	DISCRETIONARY OPERATIONS	37,100	1,855	0	0	0	67.00
68.00	18.12	DISCRETIONARY OPERATIONS	142,329	7,116	0	0	0	68.00
69.00	18.12	DISCRETIONARY OPERATIONS	32,969	1,648	0	0	0	69.00
70.00	18.12	DISCRETIONARY OPERATIONS	184,582	9,229	0	0	0	70.00
71.00	18.12	DISCRETIONARY OPERATIONS	535,812	26,791	0	0	0	71.00
72.00	18.12	DISCRETIONARY OPERATIONS	99,931	4,997	0	0	0	72.00
73.00	18.12	DISCRETIONARY OPERATIONS	22,300	1,115	0	0	0	73.00
74.00	18.12	DISCRETIONARY OPERATIONS	230,864	11,543	0	0	0	74.00
75.00	18.12	DISCRETIONARY OPERATIONS	13,290	665	0	0	0	75.00
76.00	18.12	DISCRETIONARY OPERATIONS	285,400	14,270	0	0	0	76.00
77.00	18.12	DISCRETIONARY OPERATIONS	32,629	1,631	0	0	0	77.00
78.00	18.12	DISCRETIONARY OPERATIONS	148,576	7,429	0	0	0	78.00
79.00	18.12	DISCRETIONARY OPERATIONS	104,300	5,215	0	0	0	79.00
80.00	18.12	DISCRETIONARY OPERATIONS	156,100	7,805	0	0	0	80.00
81.00	18.12	DISCRETIONARY OPERATIONS	16,898	845	0	0	0	81.00
82.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	82,142	4,107	0	0	0	82.00
83.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	56,100	2,805	0	0	0	83.00
84.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	9,116	456	0	0	0	84.00
85.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	14,081	704	0	0	0	85.00
86.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	78,219	3,911	0	0	0	86.00
87.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	57,633	2,882	0	0	0	87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	10,905	545	0	0	0	88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	13,000	650	0	0	0	89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	22,235	1,112	0	0	0	90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	12,900	645	0	0	0	91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	17,372	869	0	0	0	92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	22,235	1,112	0	0	0	93.00
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,100	55	0	0	0	94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	28,968	1,448	0	0	0	95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	42,352	2,118	0	0	0	96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	3,323	166	0	0	0	97.00
98.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	23,854	1,193	0	0	0	98.00

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	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	
99.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,900	195	0	0	0	99.00
100.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	138,863	6,943	0	0	0	100.00
101.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,120	656	0	0	0	101.00
102.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	242,022	12,101	0	0	0	102.00
103.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,822,237	91,112	0	0	0	103.00
104.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	83,684	4,184	0	0	0	104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	558,521	27,926	0	0	0	105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	37,200	1,860	0	0	0	106.00
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	182,898	9,145	0	0	0	107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	119,866	5,993	0	0	0	108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	78,500	3,925	0	0	0	109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	75,054	3,753	0	0	0	110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	239,358	11,968	0	0	0	111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	88,856	4,443	0	0	0	112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	52,053	2,603	0	0	0	113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	573,726	28,686	0	0	0	114.00
115.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	26,239	1,312	0	0	0	115.00
116.00	23.07	PARAMED TECHNOLOGY	40,683	2,034	0	0	0	116.00
117.00	23.11	PARAMED PHYSICIANS ASSISTANT	10,308	515	0	0	0	117.00
118.00	30.00	ADULTS & PEDIATRICS	100,245	5,012	0	0	0	118.00
119.00	35.00	MEDICAL INTENSIVE CARE UNIT	217,907	10,895	0	0	0	119.00
120.00	35.00	MEDICAL INTENSIVE CARE UNIT	63,298	3,165	0	0	0	120.00
121.00	35.02	PREMATURE INTENSIVE CARE UNIT	146,413	7,321	0	0	0	121.00
122.00	53.00	ANESTHESIOLOGY	11,460	573	0	0	0	122.00
123.00	54.00	RADIOLOGY-DIAGNOSTIC	81,455	4,073	0	0	0	123.00
124.00	60.00	LABORATORY	685,488	34,274	0	0	0	124.00
125.00	60.00	LABORATORY	270,351	13,518	0	0	0	125.00
126.00	60.00	LABORATORY	154,187	7,709	0	0	0	126.00
127.00	69.00	ELECTROCARDIOLOGY	313,127	15,656	0	0	0	127.00
128.00	69.00	ELECTROCARDIOLOGY	4,258	213	0	0	0	128.00
129.00	70.00	ELECTROENCEPHALOGRAPHY	30,073	1,504	0	0	0	129.00
130.00	76.01	PSYCH DAY HOSPITAL	953,123	47,656	0	0	0	130.00
131.00	91.00	EMERGENCY	104,787	5,239	0	0	0	131.00
132.00	91.00	EMERGENCY	88,771	4,439	0	0	0	132.00
133.00	91.00	EMERGENCY	353,319	17,666	0	0	0	133.00
134.00	105.00	KIDNEY ACQUISITION	1,802,100	90,105	0	0	0	134.00
135.00	106.00	HEART ACQUISITION	691,800	34,590	0	0	0	135.00
136.00	107.00	LIVER ACQUISITION	1,468,000	73,400	0	0	0	136.00
200.00			22,175,268	1,108,764	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.01	TRANSITION RECRUITMENT	0	172,288	560,239	560,239		1.00
2.00	5.07	ADMIN & GEN PT SERVICE	0	182,056	42,343	42,343		2.00
3.00	5.07	ADMIN & GEN PT SERVICE	0	369,415	328,374	328,374		3.00
4.00	5.07	ADMIN & GEN PT SERVICE	0	65,002	0	0		4.00
5.00	5.09	RESEARCH FACULTY	0	123,018	15,520	15,520		5.00
6.00	5.09	RESEARCH FACULTY	0	14,076	0	0		6.00
7.00	5.09	RESEARCH FACULTY	0	282,383	0	0		7.00
8.00	5.09	RESEARCH FACULTY	0	75,493	82,474	82,474		8.00
9.00	5.09	RESEARCH FACULTY	0	1,057,292	0	0		9.00
10.00	5.09	RESEARCH FACULTY	0	24,280	0	0		10.00
11.00	5.09	RESEARCH FACULTY	0	39,600	20,757	20,757		11.00

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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		
12.00	5.09	RESEARCH FACULTY	0	23,683	0	0		12.00
13.00	5.09	RESEARCH FACULTY	0	105,600	0	0		13.00
14.00	5.09	RESEARCH FACULTY	0	266,056	0	0		14.00
15.00	5.09	RESEARCH FACULTY	0	19,337	35,814	35,814		15.00
16.00	5.09	RESEARCH FACULTY	0	59,575	0	0		16.00
17.00	5.10	RESEARCH SPA	0	5,538	0	0		17.00
18.00	5.10	RESEARCH SPA	0	12,519	0	0		18.00
19.00	5.10	RESEARCH SPA	0	26,100	41,637	41,637		19.00
20.00	5.10	RESEARCH SPA	0	9,116	16,176	16,176		20.00
21.00	5.10	RESEARCH SPA	0	14,081	7,867	7,867		21.00
22.00	5.10	RESEARCH SPA	0	8,669	4,340	4,340		22.00
23.00	5.10	RESEARCH SPA	0	7,337	10,215	10,215		23.00
24.00	5.10	RESEARCH SPA	0	239,881	167,630	167,630		24.00
25.00	5.10	RESEARCH SPA	0	33,821	59,779	59,779		25.00
26.00	5.10	RESEARCH SPA	0	13,000	32,057	32,057		26.00
27.00	5.10	RESEARCH SPA	0	22,235	1,739	1,739		27.00
28.00	5.10	RESEARCH SPA	0	51,700	74,500	74,500		28.00
29.00	5.10	RESEARCH SPA	0	66,988	9,698	9,698		29.00
30.00	5.10	RESEARCH SPA	0	22,235	0	0		30.00
31.00	5.10	RESEARCH SPA	0	1,100	3,234	3,234		31.00
32.00	5.10	RESEARCH SPA	0	75,791	82,921	82,921		32.00
33.00	5.10	RESEARCH SPA	0	13,431	5,745	5,745		33.00
34.00	5.11	CORPORATE ADMINISTRATION	0	62,786	0	0		34.00
35.00	5.11	CORPORATE ADMINISTRATION	0	38,700	94,065	94,065		35.00
36.00	5.11	CORPORATE ADMINISTRATION	0	18,316	32,269	32,269		36.00
37.00	5.11	CORPORATE ADMINISTRATION	0	70,623	39,113	39,113		37.00
38.00	5.11	CORPORATE ADMINISTRATION	0	192,705	0	0		38.00
39.00	5.11	CORPORATE ADMINISTRATION	0	17,404	8,616	8,616		39.00
40.00	5.11	CORPORATE ADMINISTRATION	0	32,437	52,400	52,400		40.00
41.00	5.11	CORPORATE ADMINISTRATION	0	309,783	47,408	47,408		41.00
42.00	5.11	CORPORATE ADMINISTRATION	0	91,837	44,162	44,162		42.00
43.00	5.11	CORPORATE ADMINISTRATION	0	52,100	128,132	128,132		43.00
44.00	5.11	CORPORATE ADMINISTRATION	0	151,927	0	0		44.00
45.00	5.11	CORPORATE ADMINISTRATION	0	44,385	3,563	3,563		45.00
46.00	5.11	CORPORATE ADMINISTRATION	0	87,100	84,158	84,158		46.00
47.00	5.11	CORPORATE ADMINISTRATION	0	101,327	75,083	75,083		47.00
48.00	5.11	CORPORATE ADMINISTRATION	0	44,385	0	0		48.00
49.00	5.11	CORPORATE ADMINISTRATION	0	2,100	5,780	5,780		49.00
50.00	5.11	CORPORATE ADMINISTRATION	0	19,337	35,814	35,814		50.00
51.00	5.11	CORPORATE ADMINISTRATION	0	70,623	85,530	85,530		51.00
52.00	5.11	CORPORATE ADMINISTRATION	0	25,558	23,346	23,346		52.00
53.00	16.01	MEDICAL RECORDS & LIBRARY	0	54,608	7,734	7,734		53.00
54.00	16.01	MEDICAL RECORDS & LIBRARY	0	23,942	0	0		54.00
55.00	18.00	CLINICAL LAB ADMIN MED	0	1,751,618	0	0		55.00
56.00	18.01	CLINICAL LAB ADMIN PED	0	16,764	0	0		56.00
57.00	18.01	CLINICAL LAB ADMIN PED	0	110,520	0	0		57.00
58.00	18.02	CLINICAL LAB ADMIN OB	0	221,517	0	0		58.00
59.00	18.03	CLINICAL LAB ADMIN SURG	0	166,336	178,363	178,363		59.00
60.00	18.03	CLINICAL LAB ADMIN SURG	0	37,200	52,983	52,983		60.00
61.00	18.03	CLINICAL LAB ADMIN SURG	0	41,300	11,267	11,267		61.00
62.00	18.08	CLINICAL LAB ADMIN NEUR	0	140,482	26,821	26,821		62.00
63.00	18.09	CLINICAL LAB ADMIN OCLS	0	25,875	0	0		63.00
64.00	18.09	CLINICAL LAB ADMIN OCLS	0	135,227	0	0		64.00
65.00	18.12	DISCRETIONARY OPERATIONS	0	9,286	9,914	9,914		65.00
66.00	18.12	DISCRETIONARY OPERATIONS	0	38,599	19,890	19,890		66.00
67.00	18.12	DISCRETIONARY OPERATIONS	0	37,100	23,679	23,679		67.00
68.00	18.12	DISCRETIONARY OPERATIONS	0	142,329	0	0		68.00
69.00	18.12	DISCRETIONARY OPERATIONS	0	32,969	2,819	2,819		69.00
70.00	18.12	DISCRETIONARY OPERATIONS	0	184,582	120,358	120,358		70.00
71.00	18.12	DISCRETIONARY OPERATIONS	0	535,812	209,186	209,186		71.00
72.00	18.12	DISCRETIONARY OPERATIONS	0	99,931	95,823	95,823		72.00
73.00	18.12	DISCRETIONARY OPERATIONS	0	22,300	11,651	11,651		73.00
74.00	18.12	DISCRETIONARY OPERATIONS	0	230,864	0	0		74.00
75.00	18.12	DISCRETIONARY OPERATIONS	0	13,290	0	0		75.00
76.00	18.12	DISCRETIONARY OPERATIONS	0	285,400	0	0		76.00
77.00	18.12	DISCRETIONARY OPERATIONS	0	32,629	62,525	62,525		77.00
78.00	18.12	DISCRETIONARY OPERATIONS	0	148,576	3,947	3,947		78.00
79.00	18.12	DISCRETIONARY OPERATIONS	0	104,300	0	0		79.00
80.00	18.12	DISCRETIONARY OPERATIONS	0	156,100	14,971	14,971		80.00
81.00	18.12	DISCRETIONARY OPERATIONS	0	16,898	20,578	20,578		81.00
82.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	82,142	0	0		82.00

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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		
83.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	56,100	96,825	96,825		83.00
84.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	9,116	16,176	16,176		84.00
85.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,081	7,867	7,867		85.00
86.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	78,219	11,777	11,777		86.00
87.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	57,633	94,488	94,488		87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	10,905	39,765	39,765		88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	13,000	32,057	32,057		89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	22,235	1,739	1,739		90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	12,900	18,591	18,591		91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	17,372	16,228	16,228		92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	22,235	0	0		93.00
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,100	3,234	3,234		94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	28,968	9,638	9,638		95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	42,352	51,340	51,340		96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,323	9,974	9,974		97.00
98.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	23,854	0	0		98.00
99.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,900	13,552	13,552		99.00
100.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	138,863	65,397	65,397		100.00
101.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13,120	269	269		101.00
102.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	242,022	215,732	215,732		102.00
103.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,822,237	196,835	196,835		103.00
104.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	83,684	0	0		104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	558,521	0	0		105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	37,200	64,967	64,967		106.00
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	182,898	0	0		107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	119,866	0	0		108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	78,500	4,045	4,045		109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	75,054	0	0		110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	239,358	44,833	44,833		111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	88,856	0	0		112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	52,053	0	0		113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	573,726	0	0		114.00
115.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	26,239	15,814	15,814		115.00
116.00	23.07	PARAMED TECHNOLOGY	0	40,683	0	0		116.00
117.00	23.11	PARAMED PHYSICIANS ASSISTANT	0	10,308	190	190		117.00
118.00	30.00	ADULTS & PEDIATRICS	0	100,245	16,413	16,413		118.00
119.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	217,907	152,865	152,865		119.00
120.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	63,298	47,043	47,043		120.00
121.00	35.02	PREMATURE INTENSIVE CARE UNIT	0	146,413	75,074	75,074		121.00
122.00	53.00	ANESTHESIOLOGY	0	11,460	0	0		122.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8-2 | Date/Time Prepared: 11/20/2013 4:11 pm

	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		
123.00	54.00	RADIOLOGY-DIAGNOSTIC	0	81,455	116,803	116,803		123.00
124.00	60.00	LABORATORY	0	685,488	61,954	61,954		124.00
125.00	60.00	LABORATORY	0	270,351	0	0		125.00
126.00	60.00	LABORATORY	0	154,187	25,801	25,801		126.00
127.00	69.00	ELECTROCARDIOLOGY	0	313,127	192,657	192,657		127.00
128.00	69.00	ELECTROCARDIOLOGY	0	4,258	1,084	1,084		128.00
129.00	70.00	ELECTROENCEPHALOGRAPHY	0	30,073	0	0		129.00
130.00	76.01	PSYCH DAY HOSPITAL	0	953,123	0	0		130.00
131.00	91.00	EMERGENCY	0	104,787	8,037	8,037		131.00
132.00	91.00	EMERGENCY	0	88,771	0	0		132.00
133.00	91.00	EMERGENCY	0	353,319	0	0		133.00
134.00	105.00	KIDNEY ACQUISITION	0	1,802,100	0	0		134.00
135.00	106.00	HEART ACQUISITION	0	691,800	34,744	34,744		135.00
136.00	107.00	LIVER ACQUISITION	0	1,468,000	0	0		136.00
200.00			0	22,175,268	4,998,815	4,998,815		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	11,619,949	0	11,619,949			1.01
1.02	00102	DEPRECIATION DIRECT BLDG	8,708,977	0	0	8,708,977		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	3,421,932	0	0	0	3,421,932	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	3,337,725	0	0	0	0	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	4,031,862	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	1,508,788	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	1,431,603	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	315,416	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,458,415	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	1,086,104	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	1,167,969	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	1,026,665	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	48,770,378	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	1,093,822	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	54,898	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	1,570,707	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	19,432,145	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0					2.00
2.01	00201	INTEREST GENERAL	2,536,156					2.01
2.02	00202	INTEREST DIRECT BLDG	1,142,380					2.02
2.03	00203	INTEREST ATRUM PAV	3,772,401					2.03
2.04	00204	INTEREST PRO BLDG SOUTH	595,203					2.04
2.05	00205	INTEREST TOB	904,577					2.05
2.06	00206	INTEREST PRO BLDG III	12,815					2.06
2.07	00207	INTEREST TOWER	13,574,430					2.07
2.08	00208	INTEREST PRO BLDG NORTH	71,498					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	149,930,647	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	523,489	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	-5,148,070	0	0	5,523,047	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	5,954,174	0	0	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	3,825,599	0	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	3,131,393	0	26,244	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	-566,790	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	41,947,801	0	187,803	0	201,992	5.07
5.08	00517	PERSONNEL DEPARTMENT	5,096,393	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	12,686,323	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	8,954,053	0	9,302	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	61,733,660	0	108,186	573,035	24,909	5.11
6.00	00600	MAINTENANCE & REPAIRS	50,654,261	0	1,377,403	0	356,477	6.00
6.01	00601	RENTED SPACE COSTS	90,769	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,742,527	0	419,455	0	8,885	8.00
9.00	00900	HOUSEKEEPING	16,761,780	0	431,857	0	271,932	9.00
10.00	01000	DIETARY	507,874	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	7,973,550	0	95,119	0	30,102	10.01
11.00	01100	CAFETERIA	517,498	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,006,635	0	684,106	0	5,761	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	247,530	0	0	0	0	14.00
15.00	01500	PHARMACY	46,371,153	0	154,693	0	22,962	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,509,517	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	6,788,866	0	37,317	0	12,576	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,797,550	0	150,929	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	171,163	0	433,518	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	1,354,074	0	210,281	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	2,194,574	0	19,821	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	446,665	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	602,064	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	-68,990	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	-4,558	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	355,295	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	1,880,608	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	-2,001,035	0	127,232	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	4,679,397	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	9,747,920	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	-12,620,573	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	32,956,921	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,719,386	0	977,769	0	227,469	22.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	208,690	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-438,767	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	-223,755	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	-813,157	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-1,124,213	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	119,419	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	409,545	0	25,247	0	25,639	23.06
23.07	02307	PARAMED TECHNOLOGY	-1,113,724	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-295,111	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	431,304	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-915,614	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-1,213,750	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,668,563	0	1,481,048	0	548,004	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,810,429	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	13,763,951	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	4,473,563	0	0	0	276,111	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	10,946,510	0	569,609	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	6,797,759	0	0	0	425,525	40.00
41.00	04100	SUBPROVIDER - IRF	4,670,285	0	0	0	0	41.00
43.00	04300	NURSERY	1,716,444	0	290,562	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,467,148	0	230,767	0	0	50.00
51.00	05100	RECOVERY ROOM	4,241,772	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,904,353	0	144,728	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,030,873	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,346,523	0	203,969	0	322,805	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,294,062	0	133,433	0	127,710	55.00
56.00	05600	RADIOISOTOPE	2,595,411	0	90,911	0	0	56.00
60.00	06000	LABORATORY	40,032,288	0	1,009,992	0	135,662	60.00
60.01	06002	LABORATORY - HLA	813,643	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,362,336	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	345,634	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,713,297	0	238,407	0	30,386	65.00
66.00	06600	PHYSICAL THERAPY	3,383,672	0	153,586	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,324,407	0	133,876	0	44,220	67.00
68.00	06800	SPEECH PATHOLOGY	1,499,747	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,280,517	0	121,917	0	78,622	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	964,173	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	574,975	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,117,088	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,212,439	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	478,274	0	0	0	46,613	74.00
76.00	03020	RENAL DIALYSIS I/P	2,392,829	0	0	0	32,009	76.00
76.01	03021	PSYCH DAY HOSPITAL	2,879,401	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24,683,361	0	17,385	0	8,154	90.00
91.00	09100	EMERGENCY	9,097,253	0	208,510	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,014,324	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,164,090	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,760,226	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	282,695	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	999,233,090	0	10,504,982	6,096,082	3,264,525	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,701,215	0	0	79,854	0	190.00
190.01	19001	FUND RAISING	4,445,444	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1,686,050	0	0	0	0	190.02
191.00	19100	RESEARCH	40,409,649	0	16,056	2,533,041	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	12,824,943	0	9,191	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,145,256	0	7,087	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	132,906,497	0	766,270	0	157,407	192.00
194.00	07950	MEDICAL COLLEGE	18,509,272	0	316,363	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	28,858,445	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	1,441,470	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	24,875,147	0	0	0	0	194.03
194.04	07954	CON - GNE	869,600	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,269,906,078	0	11,619,949	8,708,977	3,421,932	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH	3,337,725					1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	4,031,862				1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	1,508,788			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,431,603		1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	315,416	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	36,837	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	16,007	0	9,510	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	25,543	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	59,676	2,122	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	33,999	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	15,798	99,614	10,931	34,097	6,316	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	7,681	0	0	0	65,976	5.10
5.11	00560	CORPORATE ADMINISTRATION	14,073	28,769	1,927	8,359	104,869	5.11
6.00	00600	MAINTENANCE & REPAIRS	831,584	895,896	55,760	44,070	28,709	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,926	15,652	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,935	64,893	0	0	572	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	435	398,162	0	0	0	10.01
11.00	01100	CAFETERIA	29,488	92,510	4,101	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,148	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	113,883	0	0	0	14.00
15.00	01500	PHARMACY	0	193,109	546	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	1,707	17,496	546	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	9,128	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	58,105	0	6,202	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	196,139	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	49,675	0	0	1,808	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	4,389	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	18,741	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	17,261	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	10,530	1,905	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,987	19,801	16,722	31,454	2,345	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,906	0	0	23.01
23.02	02302	PARAMED DIETARY	4,250	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	7,944	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	11,420	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	4,296	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	1,175	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	3,394	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	632,025	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	2,334	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	82,350	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,176	674,121	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	126,016	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	107,675	30,131	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,707	78,995	1,113	18,079	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	307,663	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	422,062	122,118	96,673	213,915	0	60.00
60.01	06002	LABORATORY - HLA	22,103	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	139,480	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,782	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,545	0	50,874	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	27,488	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,970	26,884	0	31,629	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	23,447	1,463	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	287,855	205,634	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,408,812	4,000,662	530,543	669,312	208,787	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,726	31,200	7,449	50,641	0	190.00
190.01	19001	FUND RAISING	0	0	0	23,094	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	547,939	0	4,585	661	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	16,129	0	34,618	58,708	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	134,881	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	172,869	0	722,298	494,411	104,284	192.00
194.00	07950	MEDICAL COLLEGE	48,369	0	3,369	0	2,345	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	32,537	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	173,389	134,776	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,337,725	4,031,862	1,508,788	1,431,603	315,416	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,458,415					1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,086,104				1.10
1.11	00111	DEPRECIATION JRB	0	0	1,167,969			1.11
1.12	00112	DEPRECIATION TOB	0	0	0	1,026,665		1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	48,770,378	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	361,510	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	3,346	0	0	13,727	169,614	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	6,546	126,260	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	1,560	0	0	127,139	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	2,895	0	0	0	246,771	5.06
5.07	00516	ADMIN & GEN PT SERVICE	18,182	2,000	6,884	303,396	2,069,478	5.07
5.08	00517	PERSONNEL DEPARTMENT	59,929	0	0	1,244	206,649	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	22,853	5.09
5.10	00519	RESEARCH SPA	3,269	0	0	52	193,132	5.10
5.11	00560	CORPORATE ADMINISTRATION	185,633	34,608	92,403	288,762	2,975,558	5.11
6.00	00600	MAINTENANCE & REPAIRS	118,399	37,421	86,585	93,577	4,328,099	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	282,808	8.00
9.00	00900	HOUSEKEEPING	2,994	359	9,538	0	560,224	9.00
10.00	01000	DIETARY	0	0	0	27,818	101,958	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,739	0	561,887	10.01
11.00	01100	CAFETERIA	161,167	0	0	11,401	850,706	11.00
13.00	01300	NURSING ADMINISTRATION	18,922	0	15,998	0	274,732	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,066	0	559,417	14.00
15.00	01500	PHARMACY	0	505	0	0	312,907	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,812	0	0	0	268,294	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	1,418	0	134,194	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	32,379	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	93,003	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	66,159	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	6,791	0	0	137,686	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	966	116,663	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	267,510	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	69,960	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	10,120	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	25,561	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	50,837	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	427,984	0	0	2,768	1,516,523	18.14
18.16	01095	NURSING SCHOOL SPLIT	77,089	0	0	0	259,956	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,274	3,575	4,884	9,858	853,461	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	8,024	0	0	10,383	66,658	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	1,522	0	0	0	9,526	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	0	0	0	0	5,796	23.02
23.03	02303	PARAMED SPEECH	11,469	0	0	0	65,565	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	10,130	0	0	0	34,160	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	12,947	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	54,186	23.06
23.07	02307	PARAMED TECHNOLOGY	4,551	0	0	0	18,054	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,733	0	0	0	5,844	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	3,848	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	9,679	0	0	0	32,640	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	3,853	0	0	0	12,994	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	3,428,645	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	609,778	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	10,264	0	0	0	665,342	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	161,679	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	236,390	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	156,542	0	555,996	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	244,812	0	479,836	41.00
43.00	04300	NURSERY	0	0	0	0	62,334	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	78,076	5,941	0	0	2,924,246	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	520,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	202,919	52.00
53.00	05300	ANESTHESIOLOGY	3,952	6,535	0	0	345,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	121,031	0	0	1,871,358	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	470,785	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	135,976	56.00
60.00	06000	LABORATORY	13,483	13,297	0	5,198	2,065,178	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	30,146	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	190,233	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	178,950	65.00
66.00	06600	PHYSICAL THERAPY	0	0	88,306	0	323,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	719	0	55,401	0	207,622	67.00
68.00	06800	SPEECH PATHOLOGY	2,691	0	4,497	0	182,323	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	296,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	52,452	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	27,295	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	48,699	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	15,514	1,530	256,202	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	294,832	52,128	1,944	2,260,068	90.00
91.00	09100	EMERGENCY	0	0	0	0	816,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	9,575	0	0	36,963	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	594	106.00
107.00	10700	LIVER ACQUISITION	0	2,996	0	0	11,593	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	29	0	0	95	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,268,041	541,055	846,715	779,170	38,211,183	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	222,378	940	857,262	190.00
190.01	19001	FUND RAISING	0	0	0	53,445	224,109	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	155,337	190.02
191.00	19100	RESEARCH	77,864	6,139	2,812	54,320	3,395,055	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	6,735	11,993	5,163	3,357	439,547	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	22,465	4,300	2,679	1,523	601,939	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,484	502,815	75,205	131,292	3,713,972	192.00
194.00	07950	MEDICAL COLLEGE	68,826	7,897	13,017	2,618	491,167	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.01	07951	AFFIL CORP ARC VENTURES	0	11,905	0	0	116,330	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	564,477	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,458,415	1,086,104	1,167,969	1,026,665	48,770,378	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	1,093,822					1.14
1.15	00115	DEPRECIATION KIDSTON	0	54,898				1.15
1.16	00116	DEPRECIATION COHN	0	0	1,570,707			1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	19,432,145		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					0	2.00
2.01	00201	INTEREST GENERAL					0	2.01
2.02	00202	INTEREST DIRECT BLDG					0	2.02
2.03	00203	INTEREST ATRUM PAV					0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH					0	2.04
2.05	00205	INTEREST TOB					0	2.05
2.06	00206	INTEREST PRO BLDG III					0	2.06
2.07	00207	INTEREST TOWER					0	2.07
2.08	00208	INTEREST PRO BLDG NORTH					0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	30,423	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	6,033	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	0	86,188	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	112,978	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	5,538	9,235	830,726	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	4,801	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	37,040	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	320,985	10,809	52,990	141,735	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	3,357	123,846	318,028	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	66,063	0	0	151,669	0	8.00
9.00	00900	HOUSEKEEPING	8,269	354	7,842	320,174	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	130,541	0	10.01
11.00	01100	CAFETERIA	0	0	0	217,709	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	41,322	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	809,925	0	14.00
15.00	01500	PHARMACY	0	0	0	87,261	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	180,341	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,622	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	3,009	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	183	115,990	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	915	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	6,392	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,377	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	3,940,448	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,197,165	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,232,051	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	3,684	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	3,491,876	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,021,664	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	254,693	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,841,664	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	36,471	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	228,669	0	56.00
60.00	06000	LABORATORY	12,288	1,861	0	630,413	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	187,534	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	82,037	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,510	0	67.00
68.00	06800	SPEECH PATHOLOGY	122,565	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	280,438	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	102,978	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	59,697	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	202,173	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,514,494	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	487	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	49	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	154	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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	919,076	41,650	380,253	19,373,754	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	54,147	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,239	344	1,045,280	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	921	6,131	1,605	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	16,981	929	125,169	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	155,605	3,957	0	4,244	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,664	18,400	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	223	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,093,822	54,898	1,570,707	19,432,145	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL	2,536,156					2.01
2.02	00202	INTEREST DIRECT BLDG	0	1,142,380				2.02
2.03	00203	INTEREST ATRUM PAV	0	0	3,772,401			2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	0	595,203		2.04
2.05	00205	INTEREST TOB	0	0	0	0	904,577	2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	34,466	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	867,395	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	11,441	0	0	0	12,095	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	9,932	0	23,899	0	5,768	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	763	0	55,836	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	33,433	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	45,325	0	93,203	14,176	267,318	5.07
5.08	00517	PERSONNEL DEPARTMENT	27,379	0	0	0	1,096	5.08
5.09	00518	RESEARCH FACULTY	1,097	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	26,140	0	0	0	46	5.10
5.11	00560	CORPORATE ADMINISTRATION	203,816	94,936	26,918	3,475	254,423	5.11
6.00	00600	MAINTENANCE & REPAIRS	316,210	0	838,243	18,323	82,449	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	25,445	0	14,645	0	0	8.00
9.00	00900	HOUSEKEEPING	41,147	0	60,717	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	24,510	10.00
10.01	01001	PATIENT FOOD SERVICE	5,233	0	372,539	0	0	10.01
11.00	01100	CAFETERIA	5,449	180,049	86,557	0	10,045	11.00
13.00	01300	NURSING ADMINISTRATION	30,121	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	106,554	0	0	14.00
15.00	01500	PHARMACY	6,318	0	180,682	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,349	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	14,946	0	16,370	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	4,387	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	12,600	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	6,112	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	11,313	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	851	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	36,243	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	9,179	0	0	752	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	3,463	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	6,887	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	200,482	0	0	792	2,438	18.14
18.16	01095	NURSING SCHOOL SPLIT	35,219	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	64,227	0	18,527	13,077	8,686	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	3,875	0	0	0	9,148	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	695	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	785	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	6,401	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	4,628	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	10,685	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	6,681	0	4,019	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	2,079	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	792	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	3,176	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	4,422	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,760	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	86,521	0	591,353	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	5,121	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	21,905	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	31,772	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	33,758	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	8,445	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	49,062	0	630,740	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,492	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	21,702	0	28,192	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,070	0	73,912	7,517	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,010	0	287,864	0	0	55.00
56.00	05600	RADIOISOTOPE	2,642	0	0	0	0	56.00
60.00	06000	LABORATORY	129,564	0	114,259	88,937	4,580	60.00
60.01	06002	LABORATORY - HLA	4,084	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	25,773	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,340	0	11,959	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,464	0	10,802	21,151	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,727	0	0	11,428	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,507	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,438	0	25,154	13,150	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,698	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,539	0	21,938	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	1,348	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	37,900	0	0	85,494	1,713	90.00
91.00	09100	EMERGENCY	6,060	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	801	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	80	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	254	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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,883,503	1,142,380	3,743,209	278,272	686,514	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,612	0	29,192	21,054	828	190.00
190.01	19001	FUND RAISING	0	0	0	9,602	47,089	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	377,044	0	0	275	47,860	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	16,951	0	0	24,408	2,958	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	68,623	0	0	0	1,342	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	131,019	0	0	205,558	115,679	192.00
194.00	07950	MEDICAL COLLEGE	57,037	0	0	0	2,307	194.00
194.01	07951	AFFIL CORP ARC VENTURES	367	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	56,034	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,536,156	1,142,380	3,772,401	595,203	904,577	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III	12,815					2.06
2.07	00207	INTEREST TOWER	0	13,574,430				2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	71,498			2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	150,363,460		4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	239,285	762,774	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	451	677,916	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	716,579	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	18	60,207	101	704,725	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	149,679	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	24	580,308	518	6,277,251	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	740,043	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	2,283,176	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	1,436,330	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	408	99,009	91	8,957,318	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	442	222,160	2,642	3,262,544	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	105,949	0	130,135	0	8.00
9.00	00900	HOUSEKEEPING	4	223,659	0	3,313,810	0	9.00
10.00	01000	DIETARY	0	0	0	121,937	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	91,190	0	1,463,778	0	10.01
11.00	01100	CAFETERIA	0	152,082	194	480,221	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	28,866	0	1,433,420	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	565,778	0	0	0	14.00
15.00	01500	PHARMACY	6	60,956	26	2,172,462	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	950,382	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	26	1,518,144	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	451,478	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	63,184	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	433	381,614	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	80	0	294	602,520	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	105,349	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	10,466	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	13,429	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	4,221	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	208	292,326	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	242,577	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	848,886	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	499	995,230	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	2,137,105	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	648,431	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	8,225,390	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42	81,026	792	1,585,498	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	556,997	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	90	65,863	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
23.02	02302	PARAMED DIETARY	0	0	0	84,352	0	23.02
23.03	02303	PARAMED SPEECH	0	0	376	272,209	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	159,647	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	30,039	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	105,197	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	56	162,824	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	52,994	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	115,710	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	129,663	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	151,150	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,752,620	0	11,165,111	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	836,286	0	2,831,777	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	860,656	0	3,196,095	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,009,062	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	2,574	0	2,490,356	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,663,101	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,128,370	0	41.00
43.00	04300	NURSERY	0	0	0	398,287	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	70	2,439,269	0	3,907,141	0	50.00
51.00	05100	RECOVERY ROOM	0	713,689	0	989,845	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,080,347	0	52.00
53.00	05300	ANESTHESIOLOGY	77	177,917	0	116,650	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,428	1,286,504	53	2,848,349	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25,477	0	683,269	0	55.00
56.00	05600	RADIOISOTOPE	0	159,738	0	201,710	0	56.00
60.00	06000	LABORATORY	157	440,379	4,581	5,367,801	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	118,389	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	516,367	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	47,614	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	131,003	0	1,063,630	0	65.00
66.00	06600	PHYSICAL THERAPY	0	57,308	0	826,154	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,533	0	561,593	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	326,379	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	195,901	0	669,758	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	71,936	0	221,303	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	81,577	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	69	569	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	41,702	0	590,303	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,479	0	13,641	2,890,553	0	90.00
91.00	09100	EMERGENCY	0	1,057,958	0	2,224,805	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	113	0	0	337,189	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	193,583	0	106.00
107.00	10700	LIVER ACQUISITION	35	0	0	160,984	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	14,270	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,383	13,533,640	25,141	105,445,775	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,825	353	223,700	0	190.00
190.01	19001	FUND RAISING	0	0	0	853,115	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	357,982	0	190.02
191.00	19100	RESEARCH	72	0	217	5,765,386	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	142	0	1,640	2,173,587	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	51	0	0	632,118	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,934	2,965	34,229	27,550,164	762,774	192.00
194.00	07950	MEDICAL COLLEGE	93	0	160	3,537,437	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
194.01	07951	AFFIL CORP ARC VENTURES	140	0	1,542	1,041,461	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	8,216	201,155	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	2,417,424	0	194.03
194.04	07954	CON - GNE	0	0	0	164,156	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	12,815	13,574,430	71,498	150,363,460	762,774	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE	1,242,372					5.02
5.03	00512	RESEARCH ADMINISTRATION	0	6,898,704				5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	4,746,159			5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	0	4,255,972		5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	12,965	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	58,123	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	96	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	5,044	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	21,358	0	0	0	0	9.00
10.00	01000	DIETARY	869	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	11,867	0	0	0	0	10.01
11.00	01100	CAFETERIA	5,973	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,093	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,186	0	0	0	0	14.00
15.00	01500	PHARMACY	80,392	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,515	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	9,399	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	2,540	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	554	0	0	0	3	18.01
18.02	01081	CLINICAL LAB ADMIN OB	2,065	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	3,794	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	607	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	1,491	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	236	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	760	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	2,348	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	12,089	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	9,232	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	17,992	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	51,818	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,535	0	0	0	7	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	7,974	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	372	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	479	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	1,696	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	988	0	0	0	0	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	189	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	1,104	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	370	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	868	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	959	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	81,502	0	600,059	37,438	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,620	0	151,805	79	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	21,463	0	136,926	804	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,413	0	37,896	6,243	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	15,392	0	152,764	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	10,901	0	93,232	6	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,789	0	64,827	0	0	41.00
43.00	04300	NURSERY	0	0	16,650	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	110,696	0	625,682	427,303	0	50.00
51.00	05100	RECOVERY ROOM	8,028	0	39,828	49,176	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,083	0	47,038	9,549	0	52.00
53.00	05300	ANESTHESIOLOGY	8,084	0	129,234	108,517	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,520	0	361,460	457,597	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,304	0	26,467	261,142	12	55.00
56.00	05600	RADIOISOTOPE	3,574	0	12,710	71,040	0	56.00
60.00	06000	LABORATORY	56,696	0	611,257	813,602	0	60.00
60.01	06002	LABORATORY - HLA	1,095	0	1,583	5,244	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,274	0	145,326	57,060	0	62.00
64.00	06400	INTRAVENOUS THERAPY	440	0	94,443	2,533	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,040	0	75,611	4,001	0	65.00
66.00	06600	PHYSICAL THERAPY	5,571	0	50,190	26,509	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,753	0	40,537	9,512	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,369	0	10,329	12,002	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,834	0	90,121	110,540	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,560	0	35,718	9,026	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,015	309	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	402,002	190,178	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	538,729	839,585	0	73.00
74.00	07400	RENAL DIALYSIS	3,260	0	0	9,107	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	27,145	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	4,062	0	45	28,843	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	156	0	2,674	413,006	0	90.00
91.00	09100	EMERGENCY	17,418	0	102,382	296,021	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,769	0	11,279	0	0	105.00
106.00	10600	HEART ACQUISITION	1,489	0	1,876	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,071	0	4,797	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	315	0	522	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	829,516	0	4,746,159	4,255,972	22	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,901	0	0	0	0	190.00
190.01	19001	FUND RAISING	6,110	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	2,194	0	0	0	0	190.02
191.00	19100	RESEARCH	42,696	1,867,025	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	13,530	591,653	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	101,538	4,440,026	0	0	12,139	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	200,637	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	30,514	0	0	0	804	194.00
194.01	07951	AFFIL CORP ARC VENTURES	7,631	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	3,016	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	1,089	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
		5.02	5.03	5.04	5.05	5.06	
202.00	TOTAL (sum lines 118-201)	1,242,372	6,898,704	4,746,159	4,255,972	12,965	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE	53,027,914					5.07
5.08	00517	PERSONNEL DEPARTMENT	0	6,132,733				5.08
5.09	00518	RESEARCH FACULTY	0	0	14,998,250			5.09
5.10	00519	RESEARCH SPA	0	0	0	10,733,021		5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	76,341,664	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	81,285	0	0	64,235,893	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	90,865	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,242	0	0	4,976,445	8.00
9.00	00900	HOUSEKEEPING	0	145,508	0	0	22,255,926	9.00
10.00	01000	DIETARY	0	4,705	0	0	789,671	10.00
10.01	01001	PATIENT FOOD SERVICE	0	54,481	0	0	11,191,623	10.01
11.00	01100	CAFETERIA	0	21,994	0	0	2,827,144	11.00
13.00	01300	NURSING ADMINISTRATION	0	61,169	0	0	9,617,293	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,415,339	14.00
15.00	01500	PHARMACY	0	45,596	0	0	49,689,574	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,152	0	0	6,983,362	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	34,160	0	0	8,594,787	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	5,137	0	0	2,444,400	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	983	0	0	775,008	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	5,736	0	0	2,035,602	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	9,671	0	0	3,050,851	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	2,555	0	0	673,656	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	170	0	0	1,114,083	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	336	0	0	76,385	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	22	0	0	-315	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	4,390	0	0	667,488	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	4,185	0	0	2,177,483	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	17,416	0	0	-920,427	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	54,075	0	0	7,904,864	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	46,343	0	0	12,321,624	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	7,819	0	0	656,250	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	-12,620,573	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	275,308	0	0	41,509,437	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	19,553	0	0	10,848,128	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	9,754	0	0	882,418	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	830	0	0	-357,963	23.01
23.02	02302	PARAMED DIETARY	0	1,450	0	0	-126,643	23.02
23.03	02303	PARAMED SPEECH	0	5,037	0	0	-436,068	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	3,931	0	0	-910,729	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	961	0	0	185,471	23.05
23.06	02306	PARAMED PASTORAL CARE	0	3,844	0	0	641,220	23.06
23.07	02307	PARAMED TECHNOLOGY	0	3,215	0	0	-920,666	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	786	0	0	-232,592	23.08
23.09	02309	PARAMED PHARMACY	0	3,621	0	0	561,053	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	2,184	0	0	-736,158	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	2,608	0	0	-1,040,426	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,171,544	255,489	0	0	79,440,370	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,007,817	60,741	0	0	19,525,497	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	912,749	61,807	0	0	20,869,563	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	283,073	18,216	0	0	6,294,161	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	1,013,786	48,624	0	0	15,593,811	35.02
40.00	04000	SUBPROVIDER - IPF	618,746	37,262	0	0	10,392,828	40.00
41.00	04100	SUBPROVIDER - IRF	430,213	26,734	0	0	7,052,866	41.00
43.00	04300	NURSERY	110,493	7,679	0	0	2,610,894	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,315,251	90,568	0	0	63,504,133	50.00
51.00	05100	RECOVERY ROOM	513,054	23,043	0	0	8,120,485	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	360,456	20,247	0	0	6,930,228	52.00
53.00	05300	ANESTHESIOLOGY	1,406,543	4,390	0	0	5,780,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,713,406	64,363	0	0	32,807,423	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,496,572	14,511	0	0	11,189,752	55.00
56.00	05600	RADIOISOTOPE	443,685	3,306,178	0	0	7,252,244	56.00
60.00	06000	LABORATORY	8,171,641	130,870	0	0	60,708,752	60.00
60.01	06002	LABORATORY - HLA	37,033	2,577	0	0	1,035,897	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,253,050	12,939	0	0	14,716,838	62.00
64.00	06400	INTRAVENOUS THERAPY	639,565	830	0	0	1,131,059	64.00
65.00	06500	RESPIRATORY THERAPY	522,016	24,908	0	0	9,212,864	65.00
66.00	06600	PHYSICAL THERAPY	467,169	20,688	0	0	5,583,100	66.00
67.00	06700	OCCUPATIONAL THERAPY	317,132	14,380	0	0	3,787,838	67.00
68.00	06800	SPEECH PATHOLOGY	129,254	8,383	0	0	2,324,046	68.00
69.00	06900	ELECTROCARDIOLOGY	1,157,209	13,791	0	0	8,426,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	282,694	6,076	0	0	1,747,916	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,575	0	0	0	599,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,629,773	0	0	0	59,339,041	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,823,776	0	0	0	34,414,529	73.00
74.00	07400	RENAL DIALYSIS	46,064	1,424	0	0	697,312	74.00
76.00	03020	RENAL DIALYSIS I/P	180,139	0	0	0	2,730,846	76.00
76.01	03021	PSYCH DAY HOSPITAL	146,193	11,803	0	0	4,036,643	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,106,840	99,457	0	0	33,668,447	90.00
91.00	09100	EMERGENCY	2,176,795	47,261	0	0	17,565,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	74,854	7,409	0	0	5,498,763	105.00
106.00	10600	HEART ACQUISITION	12,453	2,250	0	0	1,376,464	106.00
107.00	10700	LIVER ACQUISITION	31,836	2,839	0	0	1,977,785	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	3,465	262	0	0	301,653	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,027,914	5,417,211	0	0	898,478,164	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,735	0	0	4,336,012	190.00
190.01	19001	FUND RAISING	0	18,128	0	0	5,680,136	190.01
190.02	19002	RUSH DAY SCHOOL	0	9,051	0	0	2,210,614	190.02
191.00	19100	RESEARCH	0	142,433	0	8,150,244	64,488,236	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	58,902	0	2,582,777	18,885,589	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	15,359	14,998,250	0	22,332,655	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	344,152	0	0	169,278,721	192.00
194.00	07950	MEDICAL COLLEGE	0	49,191	0	0	23,160,850	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	26,122	0	0	30,096,703	194.01
194.02	07952	AFFIL CORP ROOM 500	0	10,943	0	0	2,593,476	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	35,243	0	0	27,327,814	194.03
194.04	07954	CON - GNE	0	2,263	0	0	1,037,108	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
		5.07	5.08	5.09	5.10	5A.10	
202.00	TOTAL (sum lines 118-201)	53,027,914	6,132,733	14,998,250	10,733,021	1,269,906,078	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	76,341,664					5.11
6.00	00600	MAINTENANCE & REPAIRS	4,046,540	68,282,433				6.00
6.01	00601	RENTED SPACE COSTS	5,724	0	96,589			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	313,491	507,453	0	5,797,389		8.00
9.00	00900	HOUSEKEEPING	1,402,012	1,005,230	0	0	24,663,168	9.00
10.00	01000	DIETARY	49,745	182,947	0	0	67,576	10.00
10.01	01001	PATIENT FOOD SERVICE	705,016	1,008,213	0	0	372,410	10.01
11.00	01100	CAFETERIA	178,096	1,526,450	0	0	563,835	11.00
13.00	01300	NURSING ADMINISTRATION	605,841	492,960	0	0	182,088	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	152,154	1,003,780	0	0	370,773	14.00
15.00	01500	PHARMACY	3,130,195	561,459	0	0	207,390	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	439,917	481,409	0	0	177,821	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	541,429	240,790	0	0	88,942	16.01
18.00	01850	CLINICAL LAB ADMIN MED	153,985	58,098	0	0	21,460	18.00
18.01	01080	CLINICAL LAB ADMIN PED	48,822	166,878	0	0	61,641	18.01
18.02	01081	CLINICAL LAB ADMIN OB	128,233	118,711	0	0	43,849	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	192,188	215,001	0	0	79,416	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	42,437	6,351	0	0	2,346	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	70,182	480,002	0	0	177,301	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	4,812	125,531	0	0	46,368	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	42,048	18,158	0	0	6,707	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	137,171	45,865	0	0	16,941	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	91,218	0	0	33,694	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	497,967	2,721,149	0	0	1,005,128	18.14
18.16	01095	NURSING SCHOOL SPLIT	776,201	466,447	0	0	172,295	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	41,340	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,614,887	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	683,378	1,237,878	0	0	457,243	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	55,588	119,606	0	0	44,180	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	17,093	0	0	6,314	23.01
23.02	02302	PARAMED DIETARY	0	10,401	0	0	3,842	23.02
23.03	02303	PARAMED SPEECH	0	117,646	0	0	43,455	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	61,295	0	0	22,641	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	11,684	23,231	0	0	8,581	23.05
23.06	02306	PARAMED PASTORAL CARE	40,394	97,228	0	0	35,914	23.06
23.07	02307	PARAMED TECHNOLOGY	0	32,395	0	0	11,966	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	10,486	0	0	3,873	23.08
23.09	02309	PARAMED PHARMACY	35,344	6,905	0	0	2,551	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	58,567	0	0	21,633	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	23,316	0	0	8,612	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,004,346	6,032,955	0	1,676,052	2,228,431	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,230,009	1,094,146	0	370,987	404,152	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,314,678	1,193,846	0	488,947	440,979	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	396,501	290,107	0	2,038	107,159	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	982,332	424,163	0	202,299	156,676	35.02
40.00	04000	SUBPROVIDER - IPF	654,696	997,642	0	166,992	368,506	40.00
41.00	04100	SUBPROVIDER - IRF	444,295	860,986	0	243,476	318,028	41.00
43.00	04300	NURSERY	164,473	111,848	0	413	41,314	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,000,443	5,247,075	0	1,239,701	1,938,146	50.00
51.00	05100	RECOVERY ROOM	511,550	933,747	0	166,353	344,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	436,570	364,104	0	4,042	134,492	52.00
53.00	05300	ANESTHESIOLOGY	364,138	619,514	0	0	228,834	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,066,704	3,268,712	0	310,770	1,207,385	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	704,898	844,746	0	51,450	312,029	55.00
56.00	05600	RADIOISOTOPE	456,855	243,987	0	28,329	90,123	56.00
60.00	06000	LABORATORY	3,824,348	3,521,096	0	187,817	1,300,610	60.00
60.01	06002	LABORATORY - HLA	65,256	54,091	0	0	19,980	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	927,087	341,342	0	0	126,084	62.00
64.00	06400	INTRAVENOUS THERAPY	71,251	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	580,364	321,096	0	0	118,605	65.00
66.00	06600	PHYSICAL THERAPY	351,707	579,703	0	22,004	214,128	66.00
67.00	06700	OCCUPATIONAL THERAPY	238,615	372,544	0	0	137,609	67.00
68.00	06800	SPEECH PATHOLOGY	146,403	327,148	0	0	120,841	68.00
69.00	06900	ELECTROCARDIOLOGY	530,813	531,834	0	2,536	196,447	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	110,110	94,116	0	2,977	34,764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,789	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,738,063	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,167,943	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	43,927	48,976	0	0	18,091	74.00
76.00	03020	RENAL DIALYSIS I/P	172,030	87,382	0	0	32,277	76.00
76.01	03021	PSYCH DAY HOSPITAL	254,288	119,180	0	0	44,022	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,120,944	4,055,317	0	101,996	1,497,938	90.00
91.00	09100	EMERGENCY	1,106,513	1,464,431	0	453,183	540,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	346,395	66,325	0	0	24,499	105.00
106.00	10600	HEART ACQUISITION	86,710	1,066	0	0	394	106.00
107.00	10700	LIVER ACQUISITION	124,591	20,801	0	0	7,683	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	19,003	171	0	0	63	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,943,459	47,874,344	0	5,722,362	17,124,905	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	273,147	1,064,436	0	75,027	393,178	190.00
190.01	19001	FUND RAISING	357,820	402,126	0	0	148,536	190.01
190.02	19002	RUSH DAY SCHOOL	139,258	0	0	0	0	190.02
191.00	19100	RESEARCH	4,062,436	5,416,851	96,589	0	2,000,857	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,189,698	606,471	0	0	224,016	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,406,846	953,312	0	0	352,131	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,663,815	9,865,005	0	0	3,643,897	192.00
194.00	07950	MEDICAL COLLEGE	1,459,018	878,292	0	0	324,420	194.00
194.01	07951	AFFIL CORP ARC VENTURES	1,895,942	208,736	0	0	77,102	194.01
194.02	07952	AFFIL CORP ROOM 500	163,376	1,012,860	0	0	374,126	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	1,721,516	0	0	0	0	194.03
194.04	07954	CON - GNE	65,333	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	76,341,664	68,282,433	96,589	5,797,389	24,663,168	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,089,939					10.00
10.01	01001	PATIENT FOOD SERVICE	756,963	14,034,225				10.01
11.00	01100	CAFETERIA	332,976	0	5,428,501			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	134,507	11,032,689		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,942,046	14.00
15.00	01500	PHARMACY	0	0	100,263	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	50,910	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	75,116	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	11,296	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	2,161	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	12,612	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	21,267	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	5,619	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	375	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	740	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	48	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	9,654	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	9,202	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	38,298	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	118,908	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	101,906	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	17,194	167,288	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	605,385	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	42,995	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	21,449	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,825	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	3,189	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	11,075	0	0	23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	8,645	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	2,113	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	8,453	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	7,070	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	1,729	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	7,963	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	4,803	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	5,735	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,585,292	561,804	5,394,802	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	843,712	133,566	547,191	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	821,560	135,910	1,280,361	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	197,615	40,055	386,912	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	106,920	1,033,728	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,537,210	81,936	642,984	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,048,836	58,786	562,611	0	41.00
43.00	04300	NURSERY	0	0	16,887	164,297	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	199,153	224,764	0	50.00
51.00	05100	RECOVERY ROOM	0	0	50,670	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	44,522	433,173	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	9,654	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	141,529	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	31,910	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	8,222	0	0	56.00
60.00	06000	LABORATORY	0	0	287,775	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	5,667	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	28,452	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,825	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	54,771	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	45,492	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	31,622	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	18,433	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	30,325	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	13,361	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,942,046	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
74.00	07400	RENAL DIALYSIS	0	0	3,131	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	25,954	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	218,701	0	0	90.00
91.00	09100	EMERGENCY	0	0	103,923	935	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	16,291	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	4,947	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	6,244	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	576	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,089,939	14,034,225	3,961,519	10,839,046	3,942,046	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8,213	0	0	190.00
190.01	19001	FUND RAISING	0	0	39,863	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	19,903	193,643	0	190.02
191.00	19100	RESEARCH	0	0	313,201	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	129,522	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	33,773	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	756,771	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	108,169	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	28,529	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	24,062	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	4,976	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,089,939	14,034,225	5,428,501	11,032,689	3,942,046	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	53,688,881					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,133,419				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	4,983,346	14,524,410			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	2,689,239		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	1,054,510	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	139	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	25,631	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	24	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	407	0	1,836,321	0	447,347	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	464,557	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,723	0	419,026	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	403	0	115,972	0	483,303	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	42	0	467,493	0	7,004	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	285,311	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	198,387	0	0	41.00
43.00	04300	NURSERY	0	0	50,952	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,085	0	1,914,793	0	0	50.00
51.00	05100	RECOVERY ROOM	596	0	121,882	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	143,946	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	395,487	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,236,629	0	1,106,152	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,640	0	80,996	0	0	55.00
56.00	05600	RADIOISOTOPE	322	0	38,894	0	0	56.00
60.00	06000	LABORATORY	148,896	0	1,870,589	413,970	78,799	60.00
60.01	06002	LABORATORY - HLA	3,732	0	4,845	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	646,427	0	444,730	233,378	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	289,017	20,510	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,899	0	231,387	597,261	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	153,594	254,643	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	124,053	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	31,609	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	275,790	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	109,307	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,227	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,230,218	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,925,500	0	1,648,634	0	0	73.00
74.00	07400	RENAL DIALYSIS	57,109	0	0	0	38,057	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	83,069	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	137	64,767	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,235	0	8,182	35,082	0	90.00
91.00	09100	EMERGENCY	18,924	3,150,073	313,314	1,069,628	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	34,518	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,742	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	14,681	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	1,598	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,094,363	8,133,419	14,524,410	2,689,239	1,054,510	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	76,149	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	358,630	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	574	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.01	07951	AFFIL CORP ARC VENTURES	159,165	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	53,688,881	8,133,419	14,524,410	2,689,239	1,054,510	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB	2,339,007					18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	3,558,862				18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	730,409			18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	1,841,943		18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	253,836	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	329,168	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	1,377,255	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,468,025	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	393,550	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	576,603	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	80,103	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	629,878	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	320,611	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	85,178	0	0	0	56.00
60.00	06000	LABORATORY	55,981	214,636	0	1,841,943	166,407	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	439,705	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	76,222	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	87,429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	227,781	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	62,923	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	168,764	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	51,246	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	64,679	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	5,970	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,339,007	3,558,862	730,409	1,841,943	253,836	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,339,007	3,558,862	730,409	1,841,943	253,836	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	-267					18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	744,055				18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	2,386,662			18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	-757,217		18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	12,248,016	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	4,847,151	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	369,307	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	238,541	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	186,450	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	777,412	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	693,348	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	736,817	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	228,122	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	549,110	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	638,204	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	1,923,296	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	86,734	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	376,632	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	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	744,055	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	744,055	2,386,662	0	9,264,462	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	326,377	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	2,657,177	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	-267	0	0	-757,217	0	201.00
202.00		TOTAL (sum lines 118-201)	-267	744,055	2,386,662	-757,217	12,248,016	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT	18,685,624					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	907,703				19.00
20.00	02000	NURSING SCHOOL	15,903,334	0	3,282,761			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	44,729,709		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	13,269,622	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,571,920	9,138,821	2,711,147	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	7,576	1,194,533	354,373	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	2,295,945	681,120	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	1,286	622,956	184,807	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	67,182	718,219	213,068	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	119,927	813,482	241,329	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	137,222	530,904	157,499	41.00
43.00	04300	NURSERY	0	0	0	90,981	26,991	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,903,915	861,482	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	907,703	377,648	3,153,311	935,469	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,377,019	1,001,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	675,404	200,367	55.00
56.00	05600	RADIOISOTOPE	0	0	0	533,044	158,134	56.00
60.00	06000	LABORATORY	0	0	0	2,404,052	713,192	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	267,593	79,385	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	142,359	42,233	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	221,567	65,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	133,796	39,692	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	1,721,156	510,602	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	6,587,059	1,954,133	90.00
91.00	09100	EMERGENCY	0	0	0	1,392,552	413,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	107,037	31,754	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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,903,334	907,703	3,282,761	39,025,705	11,577,459	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,331,966	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	2,217,807	657,940	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,472,282	1,030,095	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	13,915	4,128	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	450,324	0	0	0	0	194.04
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,685,624	907,703	3,282,761	44,729,709	13,269,622	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,492,548					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	-94,190				23.01
23.02	02302	PARAMED DIETARY	0	0	77,239			23.02
23.03	02303	PARAMED SPEECH	0	0	0	513,520		23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	-124,800	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	251,072	0	52,754	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	60,442	0	4,643	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	66,117	0	4,522	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	19,757	0	1,088	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	47,415	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	33,582	0	8,460	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	23,994	0	5,772	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	340,891	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	24,732	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,821	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,903	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,019	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	31,744	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	11,009	0	0	0	0	56.00
60.00	06000	LABORATORY	174,657	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	3,372	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	43,971	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,355	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	27,848	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	17,161	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,562	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,299	0	0	513,520	0	68.00
69.00	06900	ELECTROCARDIOLOGY	42,616	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,806	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,043	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	12,514	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	481	0	0	0	0	90.00
91.00	09100	EMERGENCY	53,657	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	17,771	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	4,587	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	6,380	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	970	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,492,548	0	77,239	513,520	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	-94,190	0	0	-124,800	201.00
202.00	TOTAL (sum lines 118-201)	1,492,548	-94,190	77,239	513,520	-124,800	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	231,080					23.05
23.06	02306	PARAMED PASTORAL CARE	0	823,209				23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	-132,418			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	11,618		23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	613,816	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	138,437	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	33,327	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	36,456	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	10,894	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	26,144	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	18,516	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	13,230	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	188,204	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	13,637	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,032	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,731	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,540	51,840	0	5,809	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	115,540	17,503	0	5,809	0	55.00
56.00	05600	RADIOISOTOPE	0	6,070	0	0	0	56.00
60.00	06000	LABORATORY	0	96,303	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	1,859	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	24,245	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	747	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,355	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,462	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,375	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,025	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,498	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,650	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	613,816	73.00
74.00	07400	RENAL DIALYSIS	0	5,537	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	6,900	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	265	0	0	0	90.00
91.00	09100	EMERGENCY	0	29,586	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	9,799	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	2,529	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,518	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	535	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	231,080	823,209	0	11,618	613,816	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
		23.05	23.06	23.07	23.08	23.09	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	-132,418	0	0	201.00
202.00	TOTAL (sum lines 118-201)	231,080	823,209	-132,418	11,618	613,816	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-102,021					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	-364,559				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	127,401,446	-11,849,968	115,551,478	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	26,268,711	-1,548,906	24,719,805	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	30,050,753	-2,977,065	27,073,688	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	9,155,014	-807,763	8,347,251	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	21,423,751	-931,287	20,492,464	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	16,363,401	-1,054,811	15,308,590	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	11,656,892	-688,403	10,968,489	41.00
43.00	04300	NURSERY	0	0	3,279,050	-117,972	3,161,078	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	84,035,810	-3,765,397	80,270,413	50.00
51.00	05100	RECOVERY ROOM	0	0	10,682,106	0	10,682,106	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,101,533	0	9,101,533	52.00
53.00	05300	ANESTHESIOLOGY	0	0	12,890,921	-4,088,780	8,802,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	47,421,243	-4,378,853	43,042,390	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,591,399	-875,771	13,715,628	55.00
56.00	05600	RADIOISOTOPE	0	0	8,912,411	-691,178	8,221,233	56.00
60.00	06000	LABORATORY	0	0	79,933,119	-3,117,244	76,815,875	60.00
60.01	06002	LABORATORY - HLA	0	0	1,281,433	0	1,281,433	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	18,256,164	-346,978	17,909,186	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,515,764	0	1,515,764	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,351,042	-184,592	11,166,450	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,230,994	0	7,230,994	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,149,923	0	5,149,923	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,569,546	0	3,569,546	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,434,855	-287,297	10,147,558	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,864,062	0	2,864,062	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,588,936	0	4,588,936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	64,307,322	0	64,307,322	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	89,770,422	0	89,770,422	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,095,671	-206,688	888,983	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	3,105,604	0	3,105,604	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	7,023,944	-2,231,758	4,792,186	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	50,255,780	-8,541,192	41,714,588	90.00
91.00	09100	EMERGENCY	0	0	27,738,785	-1,805,670	25,933,115	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	6,321,916	-138,791	6,183,125	105.00
106.00	10600	HEART ACQUISITION	0	0	1,533,685	0	1,533,685	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,226,362	0	2,226,362	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	330,539	0	330,539	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	833,120,309	-50,636,364	782,483,945	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8,808,356	0	8,808,356	190.00
190.01	19001	FUND RAISING	0	0	6,628,481	0	6,628,481	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,563,418	0	2,563,418	190.02
191.00	19100	RESEARCH	0	0	76,378,170	0	76,378,170	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	21,035,296	0	21,035,296	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	28,030,613	-2,875,747	25,154,866	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	199,069,216	-4,502,377	194,566,839	192.00
194.00	07950	MEDICAL COLLEGE	0	0	28,606,543	-18,043	28,588,500	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.01	07951	AFFIL CORP ARC VENTURES	0	0	32,466,177	0	32,466,177	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	4,167,900	0	4,167,900	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	29,049,330	0	29,049,330	194.03
194.04	07954	CON - GNE	0	0	1,557,741	0	1,557,741	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	-102,021	-364,559	-1,575,472	0	-1,575,472	201.00
202.00		TOTAL (sum lines 118-201)	-102,021	-364,559	1,269,906,078	-58,032,531	1,211,873,547	202.00

COST ALLOCATION STATISTICS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet Non-CMS W | Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
1.01	DEPRECIATION OLD HOSPITAL	101	SQUARE FEET OLD HOSPITAL	1.01
1.02	DEPRECIATION DIRECT BLDG	102	PERCENT DEPR DIRECT BLDG	1.02
1.03	DEPRECIATION KELLOGG PAV	103	SQUARE FEET KELLOGG PAV	1.03
1.04	DEPRECIATION JELKE SOUTH	104	SQUARE FEET JELKE SOUTH	1.04
1.05	DEPRECIATION ATRIUM PAV	105	SQUARE FEET ATRIUM PAV	1.05
1.06	DEPRECIATION PRO BLDG NORTH	106	SQUARE FEET PRO BLDG NO	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	107	SQUARE FEET PRO BLDG SO	1.07
1.08	DEPRECIATION WOOD ST	108	SQUARE FEET WOOD ST	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	109	SQUARE FEET ACADEMIC FACILITY	1.09
1.10	DEPRECIATION PRO BLDG III	110	SQUARE FEET PRO BLDG III	1.10
1.11	DEPRECIATION JRB	111	SQUARE FEET JRB	1.11
1.12	DEPRECIATION TOB	112	SQUARE FEET TOB	1.12
1.13	DEPRECIATION EQUIPMENT	113	SQUARE FEET TOTAL	1.13
1.14	DEPRECIATION ORTHOPEDICS	114	SQUARE FEET ORTHOPEDICS	1.14
1.15	DEPRECIATION KIDSTON	115	SQUARE FEET KIDSTON	1.15
1.16	DEPRECIATION COHN	116	SQUARE FEET COHN	1.16
1.17	DEPRECIATION TOWER	117	SQUARE FEET TOWER	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
2.01	INTEREST GENERAL	201	SQUARE FEET INTEREST GENERAL	2.01
2.02	INTEREST DIRECT BLDG	202	PERCENT INT DIRECT BLDG	2.02
2.03	INTEREST ATRUM PAV	105	SQUARE FEET ATRIUM PAV	2.03
2.04	INTEREST PRO BLDG SOUTH	107	SQUARE FEET PRO BLDG SO	2.04
2.05	INTEREST TOB	112	SQUARE FEET TOB	2.05
2.06	INTEREST PRO BLDG III	110	SQUARE FEET PRO BLDG III	2.06
2.07	INTEREST TOWER	117	SQUARE FEET TOWER	2.07
2.08	INTEREST PRO BLDG NORTH	106	SQUARE FEET PRO BLDG NO	2.08
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	TRANSITION RECRUITMENT	501	TRANS/REC	5.01
5.02	PARKING GARAGE	502	DIRECT COST RPSL/JRB	5.02
5.03	RESEARCH ADMINISTRATION	503	PERCENT RESEARCH FUND O/H	5.03
5.04	ADMIN & GEN INPT SERVICE	504	INPATIENT REVENUE	5.04
5.05	ADMIN & GEN OUTPT SERVICE	505	OUTPATIENT REVENUE	5.05
5.06	ADMIN & GEN ANIMAL LAB	506	RECHARGE ANIMAL LAB	5.06
5.07	ADMIN & GEN PT SERVICE	507	TOTAL REVENUE	5.07
5.08	PERSONNEL DEPARTMENT	508	TOTAL FTES	5.08
5.09	RESEARCH FACULTY	509	PERCENT OF TIME	5.09
5.10	RESEARCH SPA	510	PERCENT RESEARCH FUND O/H	5.10
5.11	CORPORATE ADMINISTRATION	-5	ACCUM. COST	5.11
6.00	MAINTENANCE & REPAIRS	6	SQUARE FEET ALL BLDGS	6.00
6.01	RENTED SPACE COSTS	601	PERCENT	6.01
8.00	LAUNDRY & LINEN SERVICE	8	RECHARGE LAUNDRY	8.00
9.00	HOUSEKEEPING	6	SQUARE FEET ALL BLDGS	9.00
10.00	DIETARY	10	TIME STUDY DIETARY SPLIT	10.00
10.01	PATIENT FOOD SERVICE	701	MEALS SERVED	10.01
11.00	CAFETERIA	11	FTES ON CAMPUS	11.00
13.00	NURSING ADMINISTRATION	13	FTES NURSING ADMIN	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	RECHARGE SUPPLIES	14.00
15.00	PHARMACY	15	RECHARGE DRUGS	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME STUDY M/R SPLIT	16.00
16.01	MEDICAL RECORDS & LIBRARY	504	INPATIENT REVENUE	16.01
18.00	CLINICAL LAB ADMIN MED	18	FTES CLA MED	18.00
18.01	CLINICAL LAB ADMIN PED	181	FTES CLA PED	18.01
18.02	CLINICAL LAB ADMIN OB	182	FTES CLA OB	18.02
18.03	CLINICAL LAB ADMIN SURG	183	FTES CLA SURG	18.03
18.04	CLINICAL LAB ADMIN PSYCH	184	FTES CLA PSYCH	18.04
18.05	CLINICAL LAB ADMIN PATH	185	FTES CLA PATH	18.05
18.06	CLINICAL LAB ADMIN CARD	186	FTES CLA CARD	18.06
18.07	CLINICAL LAB ADMIN HEMAT	187	FTES CLA HEMAT	18.07
18.08	CLINICAL LAB ADMIN NEUR	188	FTES CLA NEUR	18.08
18.09	CLINICAL LAB ADMIN OCLS	189	FTES CLA OCLS	18.09
18.12	DISCRETIONARY OPERATIONS	11	FTES ON CAMPUS	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	194	TIME STUDY RUA	18.14
18.16	NURSING SCHOOL SPLIT	196	TIME STUDY RNC	18.16
19.00	NONPHYSICIAN ANESTHETISTS	19	PERCENT CRNA	19.00
20.00	NURSING SCHOOL	20	HOURS RNC	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	HOURS I&R	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	HOURS I&R	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	23	DIRECT COST REVENUE CENTERS	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	5,523,047	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	26,244	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	0	187,803	0	201,992	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	9,302	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	108,186	573,035	24,909	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,377,403	0	356,477	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	419,455	0	8,885	8.00
9.00	00900	HOUSEKEEPING	0	0	431,857	0	271,932	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	95,119	0	30,102	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	684,106	0	5,761	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	154,693	0	22,962	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	37,317	0	12,576	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	150,929	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	433,518	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	210,281	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	19,821	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	127,232	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	977,769	0	227,469	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	25,247	0	25,639	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,481,048	0	548,004	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	276,111	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	569,609	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	425,525	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	290,562	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	230,767	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	144,728	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	203,969	0	322,805	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	133,433	0	127,710	55.00
56.00	05600	RADIOISOTOPE	0	0	90,911	0	0	56.00
60.00	06000	LABORATORY	0	0	1,009,992	0	135,662	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	238,407	0	30,386	65.00
66.00	06600	PHYSICAL THERAPY	0	0	153,586	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	133,876	0	44,220	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	121,917	0	78,622	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	46,613	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	32,009	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	17,385	0	8,154	90.00
91.00	09100	EMERGENCY	0	0	208,510	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	10,504,982	6,096,082	3,264,525	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	79,854	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	16,056	2,533,041	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	9,191	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	7,087	0	0	191.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	766,270	0	157,407	192.00
194.00	07950	MEDICAL COLLEGE	0	0	316,363	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	11,619,949	8,708,977	3,421,932	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	36,837	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	16,007	0	9,510	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	25,543	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	59,676	2,122	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	33,999	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	15,798	99,614	10,931	34,097	6,316	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	7,681	0	0	0	65,976	5.10
5.11	00560	CORPORATE ADMINISTRATION	14,073	28,769	1,927	8,359	104,869	5.11
6.00	00600	MAINTENANCE & REPAIRS	831,584	895,896	55,760	44,070	28,709	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,926	15,652	0	0	0	8.00
9.00	00900	HOUSEKEEPING	8,935	64,893	0	0	572	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	435	398,162	0	0	0	10.01
11.00	01100	CAFETERIA	29,488	92,510	4,101	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,148	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	113,883	0	0	0	14.00
15.00	01500	PHARMACY	0	193,109	546	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	1,707	17,496	546	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	9,128	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	58,105	0	6,202	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	196,139	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	49,675	0	0	1,808	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	4,389	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	18,741	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	17,261	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	10,530	1,905	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,987	19,801	16,722	31,454	2,345	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,906	0	0	23.01
23.02	02302	PARAMED DIETARY	4,250	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	7,944	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	11,420	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	4,296	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	1,175	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	3,394	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	632,025	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	2,334	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	82,350	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,176	674,121	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	126,016	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	107,675	30,131	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,707	78,995	1,113	18,079	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	307,663	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	422,062	122,118	96,673	213,915	0	60.00
60.01	06002	LABORATORY - HLA	22,103	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	139,480	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,782	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,545	0	50,874	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	27,488	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,970	26,884	0	31,629	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	23,447	1,463	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	287,855	205,634	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,408,812	4,000,662	530,543	669,312	208,787	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,726	31,200	7,449	50,641	0	190.00
190.01	19001	FUND RAISING	0	0	0	23,094	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	547,939	0	4,585	661	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	16,129	0	34,618	58,708	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	134,881	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	172,869	0	722,298	494,411	104,284	192.00
194.00	07950	MEDICAL COLLEGE	48,369	0	3,369	0	2,345	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	32,537	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	173,389	134,776	0	194.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,337,725	4,031,862	1,508,788	1,431,603	315,416	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	361,510	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	3,346	0	0	13,727	169,614	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	6,546	126,260	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	1,560	0	0	127,139	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	2,895	0	0	0	246,771	5.06
5.07	00516	ADMIN & GEN PT SERVICE	18,182	2,000	6,884	303,396	2,069,478	5.07
5.08	00517	PERSONNEL DEPARTMENT	59,929	0	0	1,244	206,649	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	22,853	5.09
5.10	00519	RESEARCH SPA	3,269	0	0	52	193,132	5.10
5.11	00560	CORPORATE ADMINISTRATION	185,633	34,608	92,403	288,762	2,975,558	5.11
6.00	00600	MAINTENANCE & REPAIRS	118,399	37,421	86,585	93,577	4,328,099	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	282,808	8.00
9.00	00900	HOUSEKEEPING	2,994	359	9,538	0	560,224	9.00
10.00	01000	DIETARY	0	0	0	27,818	101,958	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,739	0	561,887	10.01
11.00	01100	CAFETERIA	161,167	0	0	11,401	850,706	11.00
13.00	01300	NURSING ADMINISTRATION	18,922	0	15,998	0	274,732	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,066	0	559,417	14.00
15.00	01500	PHARMACY	0	505	0	0	312,907	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,812	0	0	0	268,294	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	1,418	0	134,194	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	32,379	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	93,003	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	66,159	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	6,791	0	0	137,686	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	966	116,663	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	267,510	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	69,960	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	10,120	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	25,561	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	50,837	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	427,984	0	0	2,768	1,516,523	18.14
18.16	01095	NURSING SCHOOL SPLIT	77,089	0	0	0	259,956	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,274	3,575	4,884	9,858	853,461	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	8,024	0	0	10,383	66,658	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	1,522	0	0	0	9,526	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	0	0	0	0	5,796	23.02
23.03	02303	PARAMED SPEECH	11,469	0	0	0	65,565	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	10,130	0	0	0	34,160	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	12,947	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	54,186	23.06
23.07	02307	PARAMED TECHNOLOGY	4,551	0	0	0	18,054	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,733	0	0	0	5,844	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	3,848	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	9,679	0	0	0	32,640	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	3,853	0	0	0	12,994	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	3,428,645	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	609,778	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	10,264	0	0	0	665,342	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	161,679	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	236,390	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	156,542	0	555,996	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	244,812	0	479,836	41.00
43.00	04300	NURSERY	0	0	0	0	62,334	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	78,076	5,941	0	0	2,924,246	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	520,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	202,919	52.00
53.00	05300	ANESTHESIOLOGY	3,952	6,535	0	0	345,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	121,031	0	0	1,871,358	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	470,785	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	135,976	56.00
60.00	06000	LABORATORY	13,483	13,297	0	5,198	2,065,178	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	30,146	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	190,233	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	178,950	65.00
66.00	06600	PHYSICAL THERAPY	0	0	88,306	0	323,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	719	0	55,401	0	207,622	67.00
68.00	06800	SPEECH PATHOLOGY	2,691	0	4,497	0	182,323	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	296,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	52,452	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	27,295	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	48,699	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	15,514	1,530	256,202	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	294,832	52,128	1,944	2,260,068	90.00
91.00	09100	EMERGENCY	0	0	0	0	816,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	9,575	0	0	36,963	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	594	106.00
107.00	10700	LIVER ACQUISITION	0	2,996	0	0	11,593	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	29	0	0	95	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,268,041	541,055	846,715	779,170	38,211,183	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	222,378	940	857,262	190.00
190.01	19001	FUND RAISING	0	0	0	53,445	224,109	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	155,337	190.02
191.00	19100	RESEARCH	77,864	6,139	2,812	54,320	3,395,055	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	6,735	11,993	5,163	3,357	439,547	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	22,465	4,300	2,679	1,523	601,939	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,484	502,815	75,205	131,292	3,713,972	192.00
194.00	07950	MEDICAL COLLEGE	68,826	7,897	13,017	2,618	491,167	194.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.01	07951	AFFIL CORP ARC VENTURES	0	11,905	0	0	116,330	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	564,477	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,458,415	1,086,104	1,167,969	1,026,665	48,770,378	202.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	30,423	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	6,033	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	0	86,188	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	112,978	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	5,538	9,235	830,726	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	4,801	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	37,040	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	320,985	10,809	52,990	141,735	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	3,357	123,846	318,028	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	66,063	0	0	151,669	0	8.00
9.00	00900	HOUSEKEEPING	8,269	354	7,842	320,174	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	130,541	0	10.01
11.00	01100	CAFETERIA	0	0	0	217,709	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	41,322	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	809,925	0	14.00
15.00	01500	PHARMACY	0	0	0	87,261	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	180,341	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,622	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	3,009	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	183	115,990	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	915	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	6,392	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,377	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	3,940,448	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,197,165	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,232,051	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	3,684	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	3,491,876	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,021,664	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	254,693	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,841,664	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	36,471	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	228,669	0	56.00
60.00	06000	LABORATORY	12,288	1,861	0	630,413	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	187,534	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	82,037	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,510	0	67.00
68.00	06800	SPEECH PATHOLOGY	122,565	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	280,438	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	102,978	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	59,697	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	202,173	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,514,494	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	487	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	49	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	154	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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	919,076	41,650	380,253	19,373,754	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	54,147	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,239	344	1,045,280	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	921	6,131	1,605	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	16,981	929	125,169	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	155,605	3,957	0	4,244	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,664	18,400	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	223	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,093,822	54,898	1,570,707	19,432,145	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	34,466	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	867,395	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	11,441	0	0	0	12,095	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	9,932	0	23,899	0	5,768	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	763	0	55,836	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	33,433	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	45,325	0	93,203	14,176	267,318	5.07
5.08	00517	PERSONNEL DEPARTMENT	27,379	0	0	0	1,096	5.08
5.09	00518	RESEARCH FACULTY	1,097	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	26,140	0	0	0	46	5.10
5.11	00560	CORPORATE ADMINISTRATION	203,816	94,936	26,918	3,475	254,423	5.11
6.00	00600	MAINTENANCE & REPAIRS	316,210	0	838,243	18,323	82,449	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	25,445	0	14,645	0	0	8.00
9.00	00900	HOUSEKEEPING	41,147	0	60,717	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	24,510	10.00
10.01	01001	PATIENT FOOD SERVICE	5,233	0	372,539	0	0	10.01
11.00	01100	CAFETERIA	5,449	180,049	86,557	0	10,045	11.00
13.00	01300	NURSING ADMINISTRATION	30,121	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	106,554	0	0	14.00
15.00	01500	PHARMACY	6,318	0	180,682	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,349	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	14,946	0	16,370	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	4,387	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	12,600	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	6,112	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	11,313	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	851	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	36,243	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	9,179	0	0	752	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	3,463	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	6,887	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	200,482	0	0	792	2,438	18.14
18.16	01095	NURSING SCHOOL SPLIT	35,219	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	64,227	0	18,527	13,077	8,686	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	3,875	0	0	0	9,148	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	695	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	785	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	6,401	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	4,628	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	10,685	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	6,681	0	4,019	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	2,079	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	792	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	3,176	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	4,422	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,760	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	86,521	0	591,353	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	5,121	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	21,905	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	31,772	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	33,758	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	8,445	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	49,062	0	630,740	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,492	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	21,702	0	28,192	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,070	0	73,912	7,517	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,010	0	287,864	0	0	55.00
56.00	05600	RADIOISOTOPE	2,642	0	0	0	0	56.00
60.00	06000	LABORATORY	129,564	0	114,259	88,937	4,580	60.00
60.01	06002	LABORATORY - HLA	4,084	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	25,773	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,340	0	11,959	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,464	0	10,802	21,151	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,727	0	0	11,428	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,507	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,438	0	25,154	13,150	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,698	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,539	0	21,938	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	1,348	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	37,900	0	0	85,494	1,713	90.00
91.00	09100	EMERGENCY	6,060	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	801	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	80	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	254	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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,883,503	1,142,380	3,743,209	278,272	686,514	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,612	0	29,192	21,054	828	190.00
190.01	19001	FUND RAISING	0	0	0	9,602	47,089	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	377,044	0	0	275	47,860	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	16,951	0	0	24,408	2,958	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	68,623	0	0	0	1,342	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	131,019	0	0	205,558	115,679	192.00
194.00	07950	MEDICAL COLLEGE	57,037	0	0	0	2,307	194.00
194.01	07951	AFFIL CORP ARC VENTURES	367	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	56,034	0	194.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,536,156	1,142,380	3,772,401	595,203	904,577	202.00

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		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	432,813	432,813	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	689	5.01
5.02	00511	PARKING GARAGE	0	0	0	6,390,442	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	451	266,614	1,953	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	203,981	2,064	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	18	60,207	101	419,854	2,030	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	430,076	431	5.06
5.07	00516	ADMIN & GEN PT SERVICE	24	580,308	518	4,802,862	18,081	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	296,297	2,132	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	28,751	6,576	5.09
5.10	00519	RESEARCH SPA	0	0	0	342,638	4,137	5.10
5.11	00560	CORPORATE ADMINISTRATION	408	99,009	91	5,650,686	25,801	5.11
6.00	00600	MAINTENANCE & REPAIRS	442	222,160	2,642	10,179,680	9,397	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	105,949	0	1,093,497	375	8.00
9.00	00900	HOUSEKEEPING	4	223,659	0	2,013,470	9,545	9.00
10.00	01000	DIETARY	0	0	0	154,286	351	10.00
10.01	01001	PATIENT FOOD SERVICE	0	91,190	0	1,687,947	4,216	10.01
11.00	01100	CAFETERIA	0	152,082	194	1,801,458	1,383	11.00
13.00	01300	NURSING ADMINISTRATION	0	28,866	0	1,105,976	4,129	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	565,778	0	2,164,623	0	14.00
15.00	01500	PHARMACY	6	60,956	26	1,019,971	6,258	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	492,796	2,737	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	26	244,218	4,373	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	187,695	1,300	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	539,121	182	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	433	292,113	1,099	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	80	0	294	240,292	1,735	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	118,480	303	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	499,892	30	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	131,374	39	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	12	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	208	14,717	842	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	47,765	699	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	202,217	2,445	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	499	2,166,930	2,867	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	372,264	6,156	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	1,868	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	23,692	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42	81,026	792	2,513,149	4,567	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	99,003	1,604	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	90	13,739	190	23.01

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		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
23.02	02302	PARAMED DIETARY	0	0	0	10,831	243	23.02
23.03	02303	PARAMED SPEECH	0	0	376	98,147	784	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	48,918	460	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	35,052	87	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	122,445	303	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	56	25,915	469	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	8,369	153	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	10,418	333	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	46,741	373	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	18,607	435	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,752,620	0	13,460,664	32,160	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	836,286	0	2,643,229	8,157	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	860,656	0	2,775,768	9,206	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	459,695	2,906	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	2,574	0	926,379	7,173	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,171,821	4,790	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	724,648	3,250	41.00
43.00	04300	NURSERY	0	0	0	361,341	1,147	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	70	2,439,269	0	10,560,344	11,254	50.00
51.00	05100	RECOVERY ROOM	0	713,689	0	2,255,739	2,851	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	501,155	3,112	52.00
53.00	05300	ANESTHESIOLOGY	77	177,917	0	976,135	336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,428	1,286,504	53	5,985,205	8,204	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25,477	0	1,403,413	1,968	55.00
56.00	05600	RADIOISOTOPE	0	159,738	0	617,936	581	56.00
60.00	06000	LABORATORY	157	440,379	4,581	5,524,597	15,461	60.00
60.01	06002	LABORATORY - HLA	0	0	0	56,333	341	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	355,486	1,487	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	137	64.00
65.00	06500	RESPIRATORY THERAPY	0	131,003	0	800,361	3,064	65.00
66.00	06600	PHYSICAL THERAPY	0	57,308	0	803,147	2,380	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,533	0	516,524	1,618	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	335,583	940	68.00
69.00	06900	ELECTROCARDIOLOGY	0	195,901	0	1,090,500	1,929	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	71,936	0	227,366	637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	0	77,606	235	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	69	130,164	2	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	41,702	0	375,993	1,700	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,479	0	13,641	3,472,400	8,326	90.00
91.00	09100	EMERGENCY	0	1,057,958	0	3,603,164	6,408	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	113	0	0	47,939	971	105.00
106.00	10600	HEART ACQUISITION	0	0	0	723	558	106.00
107.00	10700	LIVER ACQUISITION	35	0	0	15,032	464	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	124	41	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,383	13,533,640	25,141	111,343,644	303,722	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,825	353	1,403,461	644	190.00
190.01	19001	FUND RAISING	0	0	0	357,339	2,457	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	155,337	1,031	190.02
191.00	19100	RESEARCH	72	0	217	8,110,803	16,607	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	142	0	1,640	640,197	6,261	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	51	0	0	987,969	1,821	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,934	2,965	34,229	7,514,497	79,066	192.00
194.00	07950	MEDICAL COLLEGE	93	0	160	1,033,632	10,189	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
194.01	07951	AFFIL CORP ARC VENTURES	140	0	1,542	163,044	3,000	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	8,216	936,892	579	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	6,963	194.03
194.04	07954	CON - GNE	0	0	0	0	473	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	12,815	13,574,430	71,498	132,646,815	432,813	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT	689					5.01
5.02	00511	PARKING GARAGE	0	1,242,372				5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	268,567			5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	206,045		5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	0	0	421,884	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	58,123	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	96	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,044	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	21,358	0	0	0	9.00
10.00	01000	DIETARY	0	869	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	11,867	0	0	0	10.01
11.00	01100	CAFETERIA	0	5,973	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	10,093	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,186	0	0	0	14.00
15.00	01500	PHARMACY	0	80,392	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,515	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	9,399	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	2,540	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	554	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	2,065	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	3,794	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	607	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	1,491	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	236	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	760	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	2,348	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	12,089	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	9,232	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	17,992	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	51,818	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	10,535	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	7,974	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	372	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	479	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	1,696	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	988	0	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	189	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	1,104	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	370	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	868	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	959	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	81,502	0	25,949	3,713	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	19,620	0	6,565	8	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	21,463	0	5,921	80	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	6,413	0	1,639	619	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	15,392	0	6,606	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	10,901	0	4,032	1	40.00
41.00	04100	SUBPROVIDER - IRF	0	7,789	0	2,803	0	41.00
43.00	04300	NURSERY	0	0	0	720	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	110,696	0	27,860	42,378	50.00
51.00	05100	RECOVERY ROOM	0	8,028	0	1,722	4,877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,083	0	2,034	947	52.00
53.00	05300	ANESTHESIOLOGY	0	8,084	0	5,589	10,762	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,520	0	15,631	45,383	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,304	0	1,145	25,899	55.00
56.00	05600	RADIOISOTOPE	0	3,574	0	550	7,046	56.00
60.00	06000	LABORATORY	0	56,696	0	26,433	80,690	60.00
60.01	06002	LABORATORY - HLA	0	1,095	0	68	520	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,274	0	6,284	5,659	62.00
64.00	06400	INTRAVENOUS THERAPY	0	440	0	4,084	251	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,040	0	3,270	397	65.00
66.00	06600	PHYSICAL THERAPY	0	5,571	0	2,170	2,629	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,753	0	1,753	943	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,369	0	447	1,190	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,834	0	3,897	10,963	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,560	0	1,545	895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	130	31	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,384	18,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,296	83,060	73.00
74.00	07400	RENAL DIALYSIS	0	3,260	0	0	903	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	1,174	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	4,062	0	2	2,861	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	156	0	116	40,960	90.00
91.00	09100	EMERGENCY	0	17,418	0	4,427	29,358	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	5,769	0	488	0	105.00
106.00	10600	HEART ACQUISITION	0	1,489	0	81	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,071	0	207	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	315	0	23	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	829,516	0	206,045	421,884	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,901	0	0	0	190.00
190.01	19001	FUND RAISING	0	6,110	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	2,194	0	0	0	190.02
191.00	19100	RESEARCH	0	42,696	72,685	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	13,530	23,034	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	101,538	172,848	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	689	200,637	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	30,514	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	7,631	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	3,016	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	1,089	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	5,148,070	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
		5.01	5.02	5.03	5.04	5.05	
202.00	TOTAL (sum lines 118-201)	689	6,390,442	268,567	206,045	421,884	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	9,627					5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	4,820,943				5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	298,429			5.08
5.09	00518	RESEARCH FACULTY	0	0	0	35,327		5.09
5.10	00519	RESEARCH SPA	0	0	0	0	346,775	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	3,955	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	255	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	7,081	0	0	9.00
10.00	01000	DIETARY	0	0	229	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,651	0	0	10.01
11.00	01100	CAFETERIA	0	0	1,070	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,977	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	2,219	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,127	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	1,662	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	250	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	2	0	48	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	279	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	471	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	124	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	8	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	16	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	1	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	214	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	204	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	848	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	2,631	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	2,255	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	380	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	13,397	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5	0	951	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	475	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	40	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	71	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	245	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	191	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	47	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	187	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	156	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	38	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	176	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	106	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	127	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	379,342	12,433	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	91,646	2,956	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	83,001	3,008	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	25,741	886	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	92,189	2,366	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	56,266	1,813	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	39,122	1,301	0	0	41.00
43.00	04300	NURSERY	0	10,048	374	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	574,281	4,407	0	0	50.00
51.00	05100	RECOVERY ROOM	0	46,655	1,121	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,778	985	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	127,905	214	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	428,616	3,132	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9	136,092	706	0	0	55.00
56.00	05600	RADIOISOTOPE	0	40,347	160,887	0	0	56.00
60.00	06000	LABORATORY	0	741,913	6,368	0	0	60.00
60.01	06002	LABORATORY - HLA	0	3,368	125	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	113,947	630	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	58,159	40	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	47,470	1,212	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	42,482	1,007	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28,839	700	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,754	408	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	105,231	671	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	25,707	296	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,962	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	330,075	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	711,459	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,189	69	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	16,381	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	13,294	574	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	191,587	4,840	0	0	90.00
91.00	09100	EMERGENCY	0	197,948	2,300	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,807	361	0	0	105.00
106.00	10600	HEART ACQUISITION	0	1,132	109	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,895	138	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	315	13	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16	4,820,943	263,612	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	182	0	0	190.00
190.01	19001	FUND RAISING	0	0	882	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	440	0	0	190.02
191.00	19100	RESEARCH	0	0	6,931	0	263,323	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	2,866	0	83,452	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	9,014	0	747	35,327	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	16,747	0	0	192.00
194.00	07950	MEDICAL COLLEGE	597	0	2,394	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	1,271	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	532	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	1,715	0	0	194.03
194.04	07954	CON - GNE	0	0	110	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	420,880	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
		5.06	5.07	5.08	5.09	5.10	
202.00	TOTAL (sum lines 118-201)	430,507	4,820,943	298,429	35,327	346,775	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	5,676,487					5.11
6.00	00600	MAINTENANCE & REPAIRS	300,881	10,552,036				6.00
6.01	00601	RENTED SPACE COSTS	426	0	522			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	23,310	78,419	0	1,200,900		8.00
9.00	00900	HOUSEKEEPING	104,247	155,343	0	0	2,311,044	9.00
10.00	01000	DIETARY	3,699	28,272	0	0	6,332	10.00
10.01	01001	PATIENT FOOD SERVICE	52,422	155,804	0	0	34,896	10.01
11.00	01100	CAFETERIA	13,242	235,890	0	0	52,834	11.00
13.00	01300	NURSING ADMINISTRATION	45,047	76,180	0	0	17,062	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,313	155,119	0	0	34,743	14.00
15.00	01500	PHARMACY	232,746	86,765	0	0	19,433	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,710	74,395	0	0	16,663	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	40,258	37,210	0	0	8,334	16.01
18.00	01850	CLINICAL LAB ADMIN MED	11,450	8,978	0	0	2,011	18.00
18.01	01080	CLINICAL LAB ADMIN PED	3,630	25,788	0	0	5,776	18.01
18.02	01081	CLINICAL LAB ADMIN OB	9,535	18,345	0	0	4,109	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	14,290	33,225	0	0	7,442	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	3,155	981	0	0	220	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	5,218	74,177	0	0	16,614	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	358	19,399	0	0	4,345	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	3,127	2,806	0	0	628	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	10,199	7,088	0	0	1,587	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	14,096	0	0	3,157	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	37,026	420,513	0	0	94,185	18.14
18.16	01095	NURSING SCHOOL SPLIT	57,714	72,083	0	0	16,145	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	3,074	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	194,430	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	50,813	191,296	0	0	42,846	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	4,133	18,483	0	0	4,140	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	2,641	0	0	592	23.01
23.02	02302	PARAMED DIETARY	0	1,607	0	0	360	23.02
23.03	02303	PARAMED SPEECH	0	18,180	0	0	4,072	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	9,472	0	0	2,122	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	869	3,590	0	0	804	23.05
23.06	02306	PARAMED PASTORAL CARE	3,003	15,025	0	0	3,365	23.06
23.07	02307	PARAMED TECHNOLOGY	0	5,006	0	0	1,121	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	1,620	0	0	363	23.08
23.09	02309	PARAMED PHARMACY	2,628	1,067	0	0	239	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	9,051	0	0	2,027	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	3,603	0	0	807	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	372,099	932,304	0	347,186	208,814	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	91,457	169,084	0	76,848	37,871	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	97,753	184,491	0	101,283	41,322	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	29,482	44,832	0	422	10,041	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	73,041	65,548	0	41,905	14,681	35.02
40.00	04000	SUBPROVIDER - IPF	48,680	154,171	0	34,592	34,531	40.00
41.00	04100	SUBPROVIDER - IRF	33,036	133,053	0	50,435	29,801	41.00
43.00	04300	NURSERY	12,229	17,285	0	86	3,871	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	297,453	810,857	0	256,798	181,613	50.00
51.00	05100	RECOVERY ROOM	38,036	144,297	0	34,459	32,319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,461	56,267	0	837	12,602	52.00
53.00	05300	ANESTHESIOLOGY	27,076	95,737	0	0	21,443	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	153,670	505,131	0	64,374	113,137	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	52,413	130,543	0	10,658	29,238	55.00
56.00	05600	RADIOISOTOPE	33,970	37,704	0	5,868	8,445	56.00
60.00	06000	LABORATORY	284,360	544,133	0	38,905	121,873	60.00
60.01	06002	LABORATORY - HLA	4,852	8,359	0	0	1,872	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	68,934	52,749	0	0	11,815	62.00
64.00	06400	INTRAVENOUS THERAPY	5,298	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	43,153	49,621	0	0	11,114	65.00
66.00	06600	PHYSICAL THERAPY	26,151	89,584	0	4,558	20,065	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,742	57,571	0	0	12,895	67.00
68.00	06800	SPEECH PATHOLOGY	10,886	50,556	0	0	11,323	68.00
69.00	06900	ELECTROCARDIOLOGY	39,469	82,187	0	525	18,408	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,187	14,544	0	617	3,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,810	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	277,944	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	161,198	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,266	7,569	0	0	1,695	74.00
76.00	03020	RENAL DIALYSIS I/P	12,791	13,504	0	0	3,024	76.00
76.01	03021	PSYCH DAY HOSPITAL	18,908	18,418	0	0	4,125	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	157,703	626,689	0	21,128	140,363	90.00
91.00	09100	EMERGENCY	82,275	226,306	0	93,875	50,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	25,756	10,250	0	0	2,296	105.00
106.00	10600	HEART ACQUISITION	6,447	165	0	0	37	106.00
107.00	10700	LIVER ACQUISITION	9,264	3,214	0	0	720	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,413	26	0	0	6	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,936,616	7,398,266	0	1,185,359	1,604,679	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,310	164,493	0	15,541	36,842	190.00
190.01	19001	FUND RAISING	26,606	62,143	0	0	13,918	190.01
190.02	19002	RUSH DAY SCHOOL	10,355	0	0	0	0	190.02
191.00	19100	RESEARCH	302,063	837,094	522	0	187,489	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	88,460	93,721	0	0	20,991	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	104,606	147,320	0	0	32,996	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	793,004	1,524,493	0	0	341,447	192.00
194.00	07950	MEDICAL COLLEGE	108,485	135,727	0	0	30,400	194.00
194.01	07951	AFFIL CORP ARC VENTURES	140,973	32,257	0	0	7,225	194.01
194.02	07952	AFFIL CORP ROOM 500	12,148	156,522	0	0	35,057	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	128,003	0	0	0	0	194.03
194.04	07954	CON - GNE	4,858	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	5,676,487	10,552,036	522	1,200,900	2,311,044	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	194,038					10.00
10.01	01001	PATIENT FOOD SERVICE	134,759	2,084,562				10.01
11.00	01100	CAFETERIA	59,279	0	2,171,129			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	53,796	1,315,260		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,368,984	14.00
15.00	01500	PHARMACY	0	0	40,100	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	20,361	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	30,043	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	4,518	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	864	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	5,044	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	8,506	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	2,247	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	150	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	296	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	19	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	3,861	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	3,680	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	15,317	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	47,557	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	40,757	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	6,877	19,943	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	242,124	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	17,196	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	8,579	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	730	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	1,275	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	4,430	0	0	23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	3,458	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	845	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	3,381	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	2,828	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	692	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	3,185	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	1,921	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	2,294	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,423,743	224,693	643,140	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	125,320	53,420	65,233	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	122,030	54,357	152,638	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	29,353	16,020	46,126	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	42,763	123,236	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	228,328	32,770	76,653	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	155,788	23,512	67,072	0	41.00
43.00	04300	NURSERY	0	0	6,754	19,587	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	79,651	26,795	0	50.00
51.00	05100	RECOVERY ROOM	0	0	20,265	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	17,807	51,641	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,861	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	56,605	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	12,762	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	3,289	0	0	56.00
60.00	06000	LABORATORY	0	0	115,096	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	2,267	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	11,379	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	730	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	21,906	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	18,195	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,647	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	7,372	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	12,128	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,344	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,368,984	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
74.00	07400	RENAL DIALYSIS	0	0	1,252	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	10,380	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	87,469	0	0	90.00
91.00	09100	EMERGENCY	0	0	41,564	111	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	6,516	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	1,979	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,497	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	231	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	194,038	2,084,562	1,584,412	1,292,175	2,368,984	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,285	0	0	190.00
190.01	19001	FUND RAISING	0	0	15,943	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	7,960	23,085	0	190.02
191.00	19100	RESEARCH	0	0	125,265	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	51,802	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	13,508	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	302,668	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	43,262	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	11,410	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	9,624	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	1,990	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	194,038	2,084,562	2,171,129	1,315,260	2,368,984	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,487,884					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	648,304				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	397,216	772,713			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	218,742		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	575,965	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	4	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	710	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	1	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11	0	97,770	0	244,337	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	24,734	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	48	0	22,310	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	11	0	6,175	0	263,975	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	1	0	24,890	0	3,826	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	15,191	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	10,563	0	0	41.00
43.00	04300	NURSERY	0	0	2,713	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	141	0	101,343	0	0	50.00
51.00	05100	RECOVERY ROOM	17	0	6,489	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	7,664	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	21,057	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,271	0	58,894	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	239	0	4,312	0	0	55.00
56.00	05600	RADIOISOTOPE	9	0	2,071	0	0	56.00
60.00	06000	LABORATORY	4,126	0	99,595	33,672	43,040	60.00
60.01	06002	LABORATORY - HLA	103	0	258	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,914	0	23,679	18,983	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	15,388	1,668	0	64.00
65.00	06500	RESPIRATORY THERAPY	191	0	12,320	48,581	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,178	20,713	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,605	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,683	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	14,684	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,820	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	491	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	65,500	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,411,303	0	87,777	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,583	0	0	0	20,787	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	4,423	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	7	5,268	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	201	0	436	2,854	0	90.00
91.00	09100	EMERGENCY	524	251,088	16,682	87,003	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,838	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	306	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	782	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	85	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,471,408	648,304	772,713	218,742	575,965	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,110	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,939	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	16	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.01	07951	AFFIL CORP ARC VENTURES	4,411	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,487,884	648,304	772,713	218,742	575,965	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB	332,589					18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	309,759				18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	126,117			18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	597,580		18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	122,711	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,805	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	195,835	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	127,774	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	34,254	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,989	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,972	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,824	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,906	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	7,414	0	0	0	56.00
60.00	06000	LABORATORY	7,960	18,682	0	597,580	80,446	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	75,922	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,634	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	42,265	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	39,330	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	10,865	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	14,689	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	4,460	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	5,630	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	520	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	332,589	309,759	126,117	597,580	122,711	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	33,352	201.00
202.00		TOTAL (sum lines 118-201)	332,589	309,759	126,117	597,580	156,063	202.00

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	32					18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	26,955				18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	73,570			18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	250,169		18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	2,780,941	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	1,100,557	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	83,852	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	54,161	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	42,334	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	176,513	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	157,426	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	167,296	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	51,796	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	124,677	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	144,906	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	59,286	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	2,674	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	11,610	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	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	26,955	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	26,955	73,570	0	2,103,518	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	74,105	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	603,318	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	32	0	0	250,169	0	201.00
202.00		TOTAL (sum lines 118-201)	32	26,955	73,570	250,169	2,780,941	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT	1,685,923					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	32,852				19.00
20.00	02000	NURSING SCHOOL	1,434,889		296,190			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			525,461		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				2,831,358	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01
23.02	02302	PARAMED DIETARY	0					23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0					35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0					35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
60.00	06000	LABORATORY	0					60.00
60.01	06002	LABORATORY - HLA	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03020	RENAL DIALYSIS I/P	0					76.00
76.01	03021	PSYCH DAY HOSPITAL	0					76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0					93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0					98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0					112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,434,889	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	210,403					190.00
190.01	19001	FUND RAISING	0					190.01
190.02	19002	RUSH DAY SCHOOL	0					190.02
191.00	19100	RESEARCH	0					191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0					191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00	07950	MEDICAL COLLEGE	0					194.00
194.01	07951	AFFIL CORP ARC VENTURES	0					194.01
194.02	07952	AFFIL CORP ROOM 500	0					194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0					194.03
194.04	07954	CON - GNE	40,631					194.04
200.00		Cross Foot Adjustments		32,852	296,190	525,461	2,831,358	200.00
201.00		Negative Cost Centers	0	0	1,138,699	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,685,923	32,852	1,434,889	525,461	2,831,358	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	228,243					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		72,465				23.01
23.02	02302	PARAMED DIETARY			14,678			23.02
23.03	02303	PARAMED SPEECH				117,696		23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY					223,035	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
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 PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03021	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
194.04	07954	CON - GNE						194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
200.00	Cross Foot Adjustments	228,243	0	14,678	117,696	0	200.00
201.00	Negative Cost Centers	0	72,465	42,522	186,371	223,035	201.00
202.00	TOTAL (sum lines 118-201)	228,243	72,465	57,200	304,067	223,035	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	41,294					23.05
23.06	02306	PARAMED PASTORAL CARE		147,898				23.06
23.07	02307	PARAMED TECHNOLOGY			203,895			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				2,401		23.08
23.09	02309	PARAMED PHARMACY					18,046	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
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 PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03021	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
194.04	07954	CON - GNE						194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
		23.05	23.06	23.07	23.08	23.09	
200.00	Cross Foot Adjustments	41,294	147,898	0	2,401	18,046	200.00
201.00	Negative Cost Centers	0	0	203,895	61,000	0	201.00
202.00	TOTAL (sum lines 118-201)	41,294	147,898	203,895	63,401	18,046	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	185,765					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		171,738				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			18,536,665	0	18,536,665	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			3,416,148	0	3,416,148	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			3,674,679	0	3,674,679	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT			944,336	0	944,336	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT			1,635,831	0	1,635,831	35.02
40.00	04000	SUBPROVIDER - IPF			1,874,540	0	1,874,540	40.00
41.00	04100	SUBPROVIDER - IRF			1,282,173	0	1,282,173	41.00
43.00	04300	NURSERY			436,155	0	436,155	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			13,213,645	0	13,213,645	50.00
51.00	05100	RECOVERY ROOM			2,631,129	0	2,631,129	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			809,362	0	809,362	52.00
53.00	05300	ANESTHESIOLOGY			1,305,171	0	1,305,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			7,557,597	0	7,557,597	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,847,607	0	1,847,607	55.00
56.00	05600	RADIOISOTOPE			929,691	0	929,691	56.00
60.00	06000	LABORATORY			8,500,912	0	8,500,912	60.00
60.01	06002	LABORATORY - HLA			82,235	0	82,235	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			714,830	0	714,830	62.00
64.00	06400	INTRAVENOUS THERAPY			86,195	0	86,195	64.00
65.00	06500	RESPIRATORY THERAPY			1,051,700	0	1,051,700	65.00
66.00	06600	PHYSICAL THERAPY			1,046,830	0	1,046,830	66.00
67.00	06700	OCCUPATIONAL THERAPY			737,512	0	737,512	67.00
68.00	06800	SPEECH PATHOLOGY			441,145	0	441,145	68.00
69.00	06900	ELECTROCARDIOLOGY			1,436,691	0	1,436,691	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			322,731	0	322,731	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			2,374,408	0	2,374,408	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			709,764	0	709,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,478,093	0	2,478,093	73.00
74.00	07400	RENAL DIALYSIS			122,414	0	122,414	74.00
76.00	03020	RENAL DIALYSIS I/P			181,463	0	181,463	76.00
76.01	03021	PSYCH DAY HOSPITAL			494,922	0	494,922	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			4,755,228	0	4,755,228	90.00
91.00	09100	EMERGENCY			4,722,003	0	4,722,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH			0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION			123,680	0	123,680	105.00
106.00	10600	HEART ACQUISITION			17,486	0	17,486	106.00
107.00	10700	LIVER ACQUISITION			42,914	0	42,914	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			3,112	0	3,112	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	90,540,997	0	90,540,997	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,933,167	0	1,933,167	190.00
190.01	19001	FUND RAISING			485,398	0	485,398	190.01
190.02	19002	RUSH DAY SCHOOL			200,402	0	200,402	190.02
191.00	19100	RESEARCH			9,965,478	0	9,965,478	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY			1,024,314	0	1,024,314	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH			1,609,804	0	1,609,804	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES			10,783,187	0	10,783,187	192.00
194.00	07950	MEDICAL COLLEGE			1,998,534	0	1,998,534	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.01	07951	AFFIL CORP ARC VENTURES			371,222	0	371,222	194.01
194.02	07952	AFFIL CORP ROOM 500			1,154,370	0	1,154,370	194.02
194.03	07953	AFFIL CORP JOINT VENTURES			136,681	0	136,681	194.03
194.04	07954	CON - GNE			49,151	0	49,151	194.04
200.00		Cross Foot Adjustments	0	0	4,256,117	0	4,256,117	200.00
201.00		Negative Cost Centers	185,765	171,738	8,137,993	0	8,137,993	201.00
202.00		TOTAL (sum lines 118-201)	185,765	171,738	132,646,815	0	132,646,815	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	0	104,937				1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	0	8,708,977			1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	0	0	84,349		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	0	0	0	191,630	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	5,523,047	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	0	0	919	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	237	0	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	1,952	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	1,696	0	4,979	907	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	84	0	0	441	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	977	573,035	614	808	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	12,439	0	8,787	47,744	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,788	0	219	168	8.00
9.00	00900	HOUSEKEEPING	0	3,900	0	6,703	513	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	859	0	742	25	10.01
11.00	01100	CAFETERIA	0	0	0	0	1,693	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,178	0	142	353	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	1,397	0	566	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	337	0	310	98	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	1,363	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	3,915	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	1,899	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	179	0	0	3,336	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	11,261	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	2,852	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,076	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	1,149	0	0	991	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,830	0	5,607	2,468	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	244	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	228	0	632	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	13,375	0	13,508	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	134	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	5,144	0	0	4,728	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	10,489	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	2,624	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,084	0	0	2,077	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,307	0	0	7,235	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,842	0	7,957	6,069	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,205	0	3,148	0	55.00
56.00	05600	RADIOISOTOPE	0	821	0	0	0	56.00
60.00	06000	LABORATORY	0	9,121	0	3,344	24,232	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,269	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	8,008	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,153	0	749	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,387	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,209	0	1,090	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,101	0	1,938	515	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,149	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	789	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	157	0	201	0	90.00
91.00	09100	EMERGENCY	0	1,883	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	94,868	6,096,082	80,469	138,298	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	79,854	0	501	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	145	2,533,041	0	31,459	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	83	0	0	926	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	64	0	0	7,744	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,920	0	3,880	9,925	192.00
194.00	07950	MEDICAL COLLEGE	0	2,857	0	0	2,777	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
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	11,619,949	8,708,977	3,421,932	3,337,725	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	110.732621	1.000000	40.568732	17.417549	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV	192,418					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	146,442				1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	73,643			1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	21,523		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	207,025	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,758	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	923	0	0	475	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	1,219	0	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	2,848	206	0	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	411	5.06
5.07	00516	ADMIN & GEN PT SERVICE	4,754	1,061	1,754	431	2,581	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	8,507	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	4,502	464	5.10
5.11	00560	CORPORATE ADMINISTRATION	1,373	187	430	7,156	26,351	5.11
6.00	00600	MAINTENANCE & REPAIRS	42,756	5,412	2,267	1,959	16,807	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	747	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,097	0	0	39	425	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	19,002	0	0	0	0	10.01
11.00	01100	CAFETERIA	4,415	398	0	0	22,878	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,435	0	0	0	0	14.00
15.00	01500	PHARMACY	9,216	53	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,109	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	835	53	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	886	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	602	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	93	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	426	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	1,022	98	0	60,753	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	10,943	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	945	1,623	1,618	160	2,878	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	1,139	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	185	0	0	216	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	771	0	0	1,628	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,438	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	205	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	114	0	0	646	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	246	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	1,374	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	547	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,163	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	1,457	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,172	0	0	0	11,083	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,438	0	0	0	561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,770	108	930	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,683	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	5,828	9,383	11,004	0	1,914	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	610	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	551	0	2,617	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,414	0	102	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	382	68.00
69.00	06900	ELECTROCARDIOLOGY	1,283	0	1,627	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,119	142	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	27,939	10,578	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	190,929	51,494	34,430	14,247	180,001	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,489	723	2,605	0	0	190.00
190.01	19001	FUND RAISING	0	0	1,188	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	445	34	0	11,053	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	3,360	3,020	0	956	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	3,189	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	70,106	25,433	7,116	2,056	192.00
194.00	07950	MEDICAL COLLEGE	0	327	0	160	9,770	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,158	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	16,829	6,933	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
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)	4,031,862	1,508,788	1,431,603	315,416	1,458,415	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.953663	10.302973	19.439770	14.654834	7.044632	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III	148,255					1.10
1.11	00111	DEPRECIATION JRB	0	96,367				1.11
1.12	00112	DEPRECIATION TOB	0	0	158,404			1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	2,053,020		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	61,775	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	15,218	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	2,118	7,140	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	1,010	5,315	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	213	0	0	5,352	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	10,388	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	273	568	46,811	87,116	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	192	8,699	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	962	0	5.09
5.10	00519	RESEARCH SPA	0	0	8	8,130	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	4,724	7,624	44,553	125,258	18,128	5.11
6.00	00600	MAINTENANCE & REPAIRS	5,108	7,144	14,438	182,194	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	11,905	3,731	8.00
9.00	00900	HOUSEKEEPING	49	787	0	23,583	467	9.00
10.00	01000	DIETARY	0	0	4,292	4,292	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	226	0	23,653	0	10.01
11.00	01100	CAFETERIA	0	0	1,759	35,811	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,320	0	11,565	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	748	0	23,549	0	14.00
15.00	01500	PHARMACY	69	0	0	13,172	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	11,294	10,185	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	117	0	5,649	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	1,363	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	3,915	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	2,785	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	927	0	0	5,796	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	149	4,911	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	11,261	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	2,945	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	426	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	1,076	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	2,140	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	427	63,839	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	10,943	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	488	403	1,521	35,927	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,602	2,806	0	23.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	401	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	244	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	2,760	361	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	1,438	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	2,281	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	760	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	246	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	1,374	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	547	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	144,331	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	25,669	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	28,008	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	9,951	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	12,916	0	23,405	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	20,199	0	20,199	0	41.00
43.00	04300	NURSERY	0	0	0	2,624	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	811	0	0	123,098	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,906	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,542	0	52.00
53.00	05300	ANESTHESIOLOGY	892	0	0	14,534	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,521	0	0	78,776	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,818	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,724	0	56.00
60.00	06000	LABORATORY	1,815	0	802	86,935	694	60.00
60.01	06002	LABORATORY - HLA	0	0	0	1,269	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8,008	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,533	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,286	0	13,600	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,571	0	8,740	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	371	0	7,675	6,922	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,477	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,208	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,149	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	2,050	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	1,280	236	10,785	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	40,245	4,301	300	95,139	11,418	90.00
91.00	09100	EMERGENCY	0	0	0	34,356	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,307	0	0	1,556	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	25	0	106.00
107.00	10700	LIVER ACQUISITION	409	0	0	488	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,855	69,861	120,218	1,608,524	51,906	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,348	145	36,087	0	190.00
190.01	19001	FUND RAISING	0	0	8,246	9,434	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	6,539	0	190.02
191.00	19100	RESEARCH	838	232	8,381	142,917	70	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,637	426	518	18,503	52	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	587	221	235	25,339	959	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	68,635	6,205	20,257	156,342	8,788	192.00
194.00	07950	MEDICAL COLLEGE	1,078	1,074	404	20,676	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	1,625	0	0	4,897	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	23,762	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,086,104	1,167,969	1,026,665	48,770,378	1,093,822	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.325918	12.120010	6.481307	23.755432	17.706548	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON	28,082					1.15
1.16	00116	DEPRECIATION COHN	0	111,570				1.16
1.17	00117	DEPRECIATION TOWER	0	0	416,654			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP				0		2.00
2.01	00201	INTEREST GENERAL				0	788,013	2.01
2.02	00202	INTEREST DIRECT BLDG				0	0	2.02
2.03	00203	INTEREST ATRUM PAV				0	0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH				0	0	2.04
2.05	00205	INTEREST TOB				0	0	2.05
2.06	00206	INTEREST PRO BLDG III				0	0	2.06
2.07	00207	INTEREST TOWER				0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH				0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	2,161	0	0	3,555	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	3,086	0	0	0	3,086	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	1,848	0	237	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	8,025	0	0	10,388	5.06
5.07	00516	ADMIN & GEN PT SERVICE	2,833	656	17,812	0	14,083	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	8,507	5.08
5.09	00518	RESEARCH FACULTY	0	341	0	0	341	5.09
5.10	00519	RESEARCH SPA	0	2,631	0	0	8,122	5.10
5.11	00560	CORPORATE ADMINISTRATION	5,530	3,764	3,039	0	63,328	5.11
6.00	00600	MAINTENANCE & REPAIRS	1,717	8,797	6,819	0	98,250	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	3,252	0	7,906	8.00
9.00	00900	HOUSEKEEPING	181	557	6,865	0	12,785	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,799	0	1,626	10.01
11.00	01100	CAFETERIA	0	0	4,668	0	1,693	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	886	0	9,359	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	17,366	0	0	14.00
15.00	01500	PHARMACY	0	0	1,871	0	1,963	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	11,294	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	3,899	0	0	0	4,644	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	1,363	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	3,915	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	1,899	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	3,515	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	11,261	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	2,852	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,076	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	2,140	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	1,539	0	0	0	62,292	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	10,943	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13	2,487	0	19,956	22.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	65	0	0	1,204	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	216	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	244	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	1,989	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,438	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	1,216	0	0	0	2,076	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	646	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	246	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	1,374	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	547	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	84,489	0	26,883	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	25,669	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	26,417	0	1,591	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	6,806	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	79	0	9,872	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	10,489	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	2,624	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	74,871	0	15,244	50.00
51.00	05100	RECOVERY ROOM	0	0	21,906	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,542	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,461	0	6,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	39,488	0	15,868	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	782	0	4,353	55.00
56.00	05600	RADIOISOTOPE	0	0	4,903	0	821	56.00
60.00	06000	LABORATORY	952	0	13,517	0	40,257	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,269	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	8,008	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,021	0	2,902	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,759	0	1,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	354	0	2,401	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,304	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,013	0	3,554	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,208	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,149	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	789	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	1,280	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	11,776	90.00
91.00	09100	EMERGENCY	0	0	32,473	0	1,883	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	249	0	0	0	249	105.00
106.00	10600	HEART ACQUISITION	25	0	0	0	25	106.00
107.00	10700	LIVER ACQUISITION	79	0	0	0	79	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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,306	27,010	415,402	0	585,227	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,161	0	501	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	176	74,248	0	0	117,151	191.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	3,136	114	0	0	5,267	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	475	8,891	0	0	21,322	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,024	0	91	0	40,709	192.00
194.00	07950	MEDICAL COLLEGE	851	1,307	0	0	17,722	194.00
194.01	07951	AFFIL CORP ARC VENTURES	114	0	0	0	114	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
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)	54,898	1,570,707	19,432,145	0	2,536,156	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.954918	14.078220	46.638566	0.000000	3.218419	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG	1,142,380					2.02
2.03	00203	INTEREST ATRUM PAV	0	192,418				2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	73,643			2.04
2.05	00205	INTEREST TOB	0	0	0	158,404		2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	148,255	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,758	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	867,395	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	0	2,118	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	1,219	0	1,010	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	2,848	0	0	213	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	4,754	1,754	46,811	273	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	192	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	8	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	94,936	1,373	430	44,553	4,724	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	42,756	2,267	14,438	5,108	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	747	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,097	0	0	49	9.00
10.00	01000	DIETARY	0	0	0	4,292	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	19,002	0	0	0	10.01
11.00	01100	CAFETERIA	180,049	4,415	0	1,759	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,435	0	0	0	14.00
15.00	01500	PHARMACY	0	9,216	0	0	69	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	835	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	927	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	149	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	93	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	98	427	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	945	1,618	1,521	488	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	1,602	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	545	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	205	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	162	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	30,163	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	32,172	0	0	811	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,438	0	0	892	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,770	930	0	16,521	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,683	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	5,828	11,004	802	1,815	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	610	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	551	2,617	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,414	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,283	1,627	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	1,119	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	236	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	10,578	300	40,245	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,307	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	409	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	4	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,142,380	190,929	34,430	120,218	73,855	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,489	2,605	145	0	190.00
190.01	19001	FUND RAISING	0	0	1,188	8,246	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	34	8,381	838	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	3,020	518	1,637	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	235	587	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	25,433	20,257	68,635	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	404	1,078	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	1,625	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	6,933	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,142,380	3,772,401	595,203	904,577	12,815	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.000000	19.605240	8.082275	5.710569	0.086439	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	CAPITAL RELATED COSTS INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER	416,654					2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	146,442				2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	595,744,829			4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	948,052	10,000		5.01
5.02	00511	PARKING GARAGE	0	0	0	0	1,177,139,980	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	923	2,685,921	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	2,839,105	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	1,848	206	2,792,142	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	593,034	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	17,812	1,061	24,870,643	0	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	2,932,070	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	9,046,009	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	5,690,778	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	3,039	187	35,489,146	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	6,819	5,412	12,926,292	0	55,092,977	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	90,769	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,252	0	515,597	0	4,781,149	8.00
9.00	00900	HOUSEKEEPING	6,865	0	13,129,406	0	20,244,552	9.00
10.00	01000	DIETARY	0	0	483,116	0	823,784	10.00
10.01	01001	PATIENT FOOD SERVICE	2,799	0	5,799,530	0	11,247,881	10.01
11.00	01100	CAFETERIA	4,668	398	1,902,649	0	5,661,658	11.00
13.00	01300	NURSING ADMINISTRATION	886	0	5,679,251	0	9,567,245	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,366	0	0	0	3,019,934	14.00
15.00	01500	PHARMACY	1,871	53	8,607,354	0	76,200,803	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,765,439	0	7,122,767	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	53	6,014,928	0	8,908,917	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	1,788,769	0	2,407,926	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	250,337	0	525,326	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	886	1,511,966	0	1,957,661	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	602	2,387,201	0	3,596,664	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	417,397	0	575,380	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	41,466	0	1,413,561	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	53,205	0	223,823	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	16,724	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	426	1,158,205	0	720,510	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	961,097	0	2,225,929	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	3,363,309	0	11,458,499	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	1,022	3,943,131	0	8,750,522	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	8,467,271	0	17,053,611	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	2,569,101	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	32,589,223	0	49,116,617	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,487	1,623	6,281,789	0	9,986,092	22.00

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		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	CAPITAL RELATED COSTS INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,206,839	0	7,558,640	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	185	260,950	0	352,976	23.01
23.02	02302	PARAMED DIETARY	0	0	334,206	0	453,820	23.02
23.03	02303	PARAMED SPEECH	0	771	1,078,499	0	1,607,704	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	632,527	0	936,429	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	119,014	0	343	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	416,794	0	179,314	23.06
23.07	02307	PARAMED TECHNOLOGY	0	114	645,112	0	1,046,762	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	209,964	0	351,091	23.08
23.09	02309	PARAMED PHARMACY	0	0	458,445	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	513,729	0	822,706	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	598,860	0	909,430	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,489	0	44,236,482	0	77,252,780	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,669	0	11,219,578	0	18,597,414	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	26,417	0	12,663,018	0	20,343,729	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	3,997,930	0	6,079,119	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	79	0	9,866,860	0	14,589,200	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	6,589,251	0	10,332,833	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,470,634	0	7,382,911	41.00
43.00	04300	NURSERY	0	0	1,578,023	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	74,871	0	15,480,203	0	104,925,230	50.00
51.00	05100	RECOVERY ROOM	21,906	0	3,921,793	0	7,609,888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,280,366	0	6,714,046	52.00
53.00	05300	ANESTHESIOLOGY	5,461	0	462,172	0	7,662,595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,488	108	11,285,240	0	28,928,846	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	782	0	2,707,129	0	9,767,285	55.00
56.00	05600	RADIOISOTOPE	4,903	0	799,180	0	3,387,386	56.00
60.00	06000	LABORATORY	13,517	9,383	21,267,378	0	53,740,751	60.00
60.01	06002	LABORATORY - HLA	0	0	469,060	0	1,037,549	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,045,861	0	13,529,688	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	188,648	0	416,877	64.00
65.00	06500	RESPIRATORY THERAPY	4,021	0	4,214,132	0	8,568,733	65.00
66.00	06600	PHYSICAL THERAPY	1,759	0	3,273,244	0	5,280,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	354	0	2,225,047	0	3,557,587	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,293,123	0	2,245,876	68.00
69.00	06900	ELECTROCARDIOLOGY	6,013	0	2,653,600	0	13,112,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,208	0	876,807	0	1,478,786	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	323,209	0	3,090,091	74.00
76.00	03020	RENAL DIALYSIS I/P	0	142	2,255	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	1,280	0	2,338,797	0	3,850,434	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	27,939	11,452,452	0	147,870	90.00
91.00	09100	EMERGENCY	32,473	0	8,814,741	0	16,509,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,335,951	0	5,468,024	105.00
106.00	10600	HEART ACQUISITION	0	0	766,980	0	1,411,513	106.00
107.00	10700	LIVER ACQUISITION	0	0	637,825	0	1,963,217	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	56,539	0	298,552	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	415,402	51,494	417,779,100	0	786,275,140	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,161	723	886,307	0	3,697,928	190.00
190.01	19001	FUND RAISING	0	0	3,380,064	0	5,791,860	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	1,418,335	0	2,079,230	190.02
191.00	19100	RESEARCH	0	445	22,842,619	0	40,470,491	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST TOWER (SQUARE FEET TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	3,360	8,611,813	0	12,824,943	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,504,471	0	96,244,424	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	91	70,106	109,155,129	10,000	189,708,731	192.00
194.00	07950	MEDICAL COLLEGE	0	327	14,015,423	0	28,923,563	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,158	4,126,297	0	7,232,956	194.01
194.02	07952	AFFIL CORP ROOM 500	0	16,829	796,980	0	2,858,316	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	9,577,900	0	0	194.03
194.04	07954	CON - GNE	0	0	650,391	0	1,032,398	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,574,430	71,498	150,363,460	762,774	1,242,372	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.579622	0.488234	0.252396	76.277400	0.001055	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			432,813	689	6,390,442	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000727	0.068900	0.001055	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION	149,539,858					5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	1,832,588,808				5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	1,252,596,988			5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	1,118,143		5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	0	0	0	3,085,185,796	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	274	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	576	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

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		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	231,683,180	11,017,780	0	242,700,960	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	58,611,814	23,120	0	58,634,934	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	52,867,229	236,594	0	53,103,823	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	14,631,829	1,837,374	0	16,469,203	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	58,982,205	0	0	58,982,205	35.02
40.00	04000	SUBPROVIDER - IPF	0	35,996,834	1,859	0	35,998,693	40.00
41.00	04100	SUBPROVIDER - IRF	0	25,029,865	0	0	25,029,865	41.00
43.00	04300	NURSERY	0	6,428,476	0	0	6,428,476	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	241,670,879	125,751,189	0	367,422,068	50.00
51.00	05100	RECOVERY ROOM	0	15,377,441	14,472,078	0	29,849,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,161,200	2,810,177	0	20,971,377	52.00
53.00	05300	ANESTHESIOLOGY	0	49,897,406	31,935,428	0	81,832,834	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	139,559,941	134,666,607	0	274,226,548	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,219,080	76,851,647	1,073	87,070,727	55.00
56.00	05600	RADIOISOTOPE	0	4,907,147	20,906,531	0	25,813,678	56.00
60.00	06000	LABORATORY	0	236,006,677	239,435,634	0	475,442,311	60.00
60.01	06002	LABORATORY - HLA	0	611,285	1,543,320	0	2,154,605	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	56,110,273	16,792,351	0	72,902,624	62.00
64.00	06400	INTRAVENOUS THERAPY	0	36,464,382	745,582	0	37,209,964	64.00
65.00	06500	RESPIRATORY THERAPY	0	29,193,457	1,177,515	0	30,370,972	65.00
66.00	06600	PHYSICAL THERAPY	0	19,378,448	7,801,494	0	27,179,942	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,651,426	2,799,366	0	18,450,792	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,988,018	3,531,972	0	7,519,990	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,795,656	32,530,901	0	67,326,557	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,790,883	2,656,294	0	16,447,177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,164,197	91,031	0	1,255,228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	155,212,994	55,967,642	0	211,180,636	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	208,003,296	247,184,992	0	455,188,288	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,679,993	0	2,679,993	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,480,528	0	0	10,480,528	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	17,255	8,488,287	0	8,505,542	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,032,298	121,543,935	0	122,576,233	90.00
91.00	09100	EMERGENCY	0	39,529,909	87,116,295	0	126,646,204	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	4,355,000	0	0	4,355,000	105.00
106.00	10600	HEART ACQUISITION	0	724,500	0	0	724,500	106.00
107.00	10700	LIVER ACQUISITION	0	1,852,200	0	0	1,852,200	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	201,600	0	0	201,600	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,832,588,808	1,252,596,988	1,923	3,085,185,796	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	40,470,491	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	12,824,943	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	96,244,424	0	0	1,046,916	0	191.02

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		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	69,304	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,898,704	4,746,159	4,255,972	12,965	53,027,914	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.046133	0.002590	0.003398	0.011595	0.017188	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	268,567	206,045	421,884	430,507	4,820,943	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001796	0.000112	0.000337	0.008610	0.001563	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT	1,403,918					5.08
5.09	00518	RESEARCH FACULTY	0	10,000				5.09
5.10	00519	RESEARCH SPA	0	0	53,295,434			5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	-76,341,664	1,211,866,974	5.11
6.00	00600	MAINTENANCE & REPAIRS	18,608	0	0	0	64,235,893	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	90,865	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,200	0	0	0	4,976,445	8.00
9.00	00900	HOUSEKEEPING	33,310	0	0	0	22,255,926	9.00
10.00	01000	DIETARY	1,077	0	0	0	789,671	10.00
10.01	01001	PATIENT FOOD SERVICE	12,472	0	0	0	11,191,623	10.01
11.00	01100	CAFETERIA	5,035	0	0	0	2,827,144	11.00
13.00	01300	NURSING ADMINISTRATION	14,003	0	0	0	9,617,293	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,415,339	14.00
15.00	01500	PHARMACY	10,438	0	0	0	49,689,574	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,300	0	0	0	6,983,362	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	7,820	0	0	0	8,594,787	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,176	0	0	0	2,444,400	18.00
18.01	01080	CLINICAL LAB ADMIN PED	225	0	0	0	775,008	18.01
18.02	01081	CLINICAL LAB ADMIN OB	1,313	0	0	0	2,035,602	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	2,214	0	0	0	3,050,851	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	585	0	0	0	673,656	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	39	0	0	0	1,114,083	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	77	0	0	0	76,385	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	5	0	0	315	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	1,005	0	0	0	667,488	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	958	0	0	0	2,177,483	18.09
18.12	01091	DISCRETIONARY OPERATIONS	3,987	0	0	920,427	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	12,379	0	0	0	7,904,864	18.14
18.16	01095	NURSING SCHOOL SPLIT	10,609	0	0	0	12,321,624	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,790	0	0	0	656,250	19.00
20.00	02000	NURSING SCHOOL	0	0	0	12,620,573	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	63,024	0	0	0	41,509,437	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,476	0	0	0	10,848,128	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,233	0	0	0	882,418	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	190	0	0	357,963	0	23.01
23.02	02302	PARAMED DIETARY	332	0	0	126,643	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
23.03	02303	PARAMED SPEECH	1,153	0	0	436,068	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	900	0	0	910,729	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	220	0	0	0	185,471	23.05
23.06	02306	PARAMED PASTORAL CARE	880	0	0	0	641,220	23.06
23.07	02307	PARAMED TECHNOLOGY	736	0	0	920,666	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	180	0	0	232,592	0	23.08
23.09	02309	PARAMED PHARMACY	829	0	0	0	561,053	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	500	0	0	736,158	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	597	0	0	1,040,426	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,487	0	0	0	79,440,370	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,905	0	0	0	19,525,497	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	14,149	0	0	0	20,869,563	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	4,170	0	0	0	6,294,161	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	11,131	0	0	0	15,593,811	35.02
40.00	04000	SUBPROVIDER - IPF	8,530	0	0	0	10,392,828	40.00
41.00	04100	SUBPROVIDER - IRF	6,120	0	0	0	7,052,866	41.00
43.00	04300	NURSERY	1,758	0	0	0	2,610,894	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,733	0	0	0	63,504,133	50.00
51.00	05100	RECOVERY ROOM	5,275	0	0	0	8,120,485	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,635	0	0	0	6,930,228	52.00
53.00	05300	ANESTHESIOLOGY	1,005	0	0	0	5,780,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,734	0	0	0	32,807,423	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,322	0	0	0	11,189,752	55.00
56.00	05600	RADIOISOTOPE	756,856	0	0	0	7,252,244	56.00
60.00	06000	LABORATORY	29,959	0	0	0	60,708,752	60.00
60.01	06002	LABORATORY - HLA	590	0	0	0	1,035,897	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,962	0	0	0	14,716,838	62.00
64.00	06400	INTRAVENOUS THERAPY	190	0	0	0	1,131,059	64.00
65.00	06500	RESPIRATORY THERAPY	5,702	0	0	0	9,212,864	65.00
66.00	06600	PHYSICAL THERAPY	4,736	0	0	0	5,583,100	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,292	0	0	0	3,787,838	67.00
68.00	06800	SPEECH PATHOLOGY	1,919	0	0	0	2,324,046	68.00
69.00	06900	ELECTROCARDIOLOGY	3,157	0	0	0	8,426,270	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,391	0	0	0	1,747,916	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	599,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	59,339,041	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	34,414,529	73.00
74.00	07400	RENAL DIALYSIS	326	0	0	0	697,312	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	2,730,846	76.00
76.01	03021	PSYCH DAY HOSPITAL	2,702	0	0	0	4,036,643	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	22,768	0	0	0	33,668,447	90.00
91.00	09100	EMERGENCY	10,819	0	0	0	17,565,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,696	0	0	0	5,498,763	105.00
106.00	10600	HEART ACQUISITION	515	0	0	0	1,376,464	106.00
107.00	10700	LIVER ACQUISITION	650	0	0	0	1,977,785	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	60	0	0	0	301,653	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,240,119	0	0	-58,039,104	840,439,060	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	855	0	0	0	4,336,012	190.00
190.01	19001	FUND RAISING	4,150	0	0	0	5,680,136	190.01
190.02	19002	RUSH DAY SCHOOL	2,072	0	0	0	2,210,614	190.02
191.00	19100	RESEARCH	32,606	0	40,470,491	0	64,488,236	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	13,484	0	12,824,943	0	18,885,589	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,516	10,000	0	0	22,332,655	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	78,784	0	0	0	169,278,721	192.00
194.00	07950	MEDICAL COLLEGE	11,261	0	0	0	23,160,850	194.00
194.01	07951	AFFIL CORP ARC VENTURES	5,980	0	0	0	30,096,703	194.01
194.02	07952	AFFIL CORP ROOM 500	2,505	0	0	0	2,593,476	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
194.03	07953	AFFIL CORP JOINT VENTURES	8,068	0	0	0	27,327,814	194.03
194.04	07954	CON - GNE	518	0	0	0	1,037,108	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,132,733	14,998,250	10,733,021		76,341,664	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.368299	1,499.825000	0.201387		0.062995	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	298,429	35,327	346,775		5,676,487	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.212569	3.532700	0.006507		0.004684	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS	1,601,927					6.00
6.01	00601	RENTED SPACE COSTS	0	10,000				6.01
8.00	00800	LAUNDRY & LINEN SERVICE	11,905	0	4,403,275			8.00
9.00	00900	HOUSEKEEPING	23,583	0	0	1,566,439		9.00
10.00	01000	DIETARY	4,292	0	0	4,292	10,000	10.00
10.01	01001	PATIENT FOOD SERVICE	23,653	0	0	23,653	6,945	10.01
11.00	01100	CAFETERIA	35,811	0	0	35,811	3,055	11.00
13.00	01300	NURSING ADMINISTRATION	11,565	0	0	11,565	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,549	0	0	23,549	0	14.00
15.00	01500	PHARMACY	13,172	0	0	13,172	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,294	0	0	11,294	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	5,649	0	0	5,649	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,363	0	0	1,363	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	3,915	0	0	3,915	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	2,785	0	0	2,785	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	5,044	0	0	5,044	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	149	0	0	149	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	11,261	0	0	11,261	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	2,945	0	0	2,945	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	426	0	0	426	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	1,076	0	0	1,076	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	2,140	0	0	2,140	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	63,839	0	0	63,839	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	10,943	0	0	10,943	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	29,041	0	0	29,041	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,806	0	0	2,806	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	401	0	0	401	0	23.01
23.02	02302	PARAMED DIETARY	244	0	0	244	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
23.03	02303	PARAMED SPEECH	2,760	0	0	2,760	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,438	0	0	1,438	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	2,281	0	0	2,281	0	23.06
23.07	02307	PARAMED TECHNOLOGY	760	0	0	760	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	246	0	0	246	0	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	1,374	0	0	1,374	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	547	0	0	547	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	141,535	0	1,273,004	141,535	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,669	0	281,775	25,669	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	28,008	0	371,369	28,008	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,806	0	1,548	6,806	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	9,951	0	153,652	9,951	0	35.02
40.00	04000	SUBPROVIDER - IPF	23,405	0	126,835	23,405	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,199	0	184,927	20,199	0	41.00
43.00	04300	NURSERY	2,624	0	314	2,624	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	123,098	0	941,587	123,098	0	50.00
51.00	05100	RECOVERY ROOM	21,906	0	126,350	21,906	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,542	0	3,070	8,542	0	52.00
53.00	05300	ANESTHESIOLOGY	14,534	0	0	14,534	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,685	0	236,038	76,685	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,818	0	39,078	19,818	0	55.00
56.00	05600	RADIOISOTOPE	5,724	0	21,517	5,724	0	56.00
60.00	06000	LABORATORY	82,606	0	142,652	82,606	0	60.00
60.01	06002	LABORATORY - HLA	1,269	0	0	1,269	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,008	0	0	8,008	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,533	0	0	7,533	0	65.00
66.00	06600	PHYSICAL THERAPY	13,600	0	16,713	13,600	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,740	0	0	8,740	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,675	0	0	7,675	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,477	0	1,926	12,477	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,208	0	2,261	2,208	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,149	0	0	1,149	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,050	0	0	2,050	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	2,796	0	0	2,796	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	95,139	0	77,469	95,139	0	90.00
91.00	09100	EMERGENCY	34,356	0	344,205	34,356	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,556	0	0	1,556	0	105.00
106.00	10600	HEART ACQUISITION	25	0	0	25	0	106.00
107.00	10700	LIVER ACQUISITION	488	0	0	488	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,123,147	0	4,346,290	1,087,659	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,972	0	56,985	24,972	0	190.00
190.01	19001	FUND RAISING	9,434	0	0	9,434	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	127,081	10,000	0	127,081	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	14,228	0	0	14,228	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	22,365	0	0	22,365	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	231,436	0	0	231,436	0	192.00
194.00	07950	MEDICAL COLLEGE	20,605	0	0	20,605	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,897	0	0	4,897	0	194.01
194.02	07952	AFFIL CORP ROOM 500	23,762	0	0	23,762	0	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
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)	68,282,433	96,589	5,797,389	24,663,168	1,089,939	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.625184	9.658900	1.316608	15.744736	108.993900	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,552,036	522	1,200,900	2,311,044	194,038	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.587089	0.052200	0.272729	1.475349	19.403800	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE	448,550					10.01
11.00	01100	CAFETERIA	0	565,138				11.00
13.00	01300	NURSING ADMINISTRATION	0	14,003	118,051			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	554,186		14.00
15.00	01500	PHARMACY	0	10,438	0	0	26,669,159	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,300	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,820	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	1,176	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	225	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	1,313	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	2,214	0	0	69	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	585	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	39	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	77	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	5	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	1,005	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	958	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	3,987	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	12,379	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	10,609	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,790	1,790	0	12,732	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	63,024	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,476	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	2,233	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	190	0	0	0	23.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
23.02	02302	PARAMED DIETARY	0	332	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	1,153	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	900	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	220	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	880	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	736	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	180	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	829	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	500	0	0	12	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	597	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	306,357	58,487	57,725	0	202	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	26,966	13,905	5,855	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	26,258	14,149	13,700	0	856	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,316	4,170	4,140	0	200	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	11,131	11,061	0	21	35.02
40.00	04000	SUBPROVIDER - IPF	49,131	8,530	6,880	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	33,522	6,120	6,020	0	0	41.00
43.00	04300	NURSERY	0	1,758	1,758	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	20,733	2,405	0	2,526	50.00
51.00	05100	RECOVERY ROOM	0	5,275	0	0	296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,635	4,635	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,005	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,734	0	0	614,277	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,322	0	0	4,292	55.00
56.00	05600	RADIOISOTOPE	0	856	0	0	160	56.00
60.00	06000	LABORATORY	0	29,959	0	0	73,962	60.00
60.01	06002	LABORATORY - HLA	0	590	0	0	1,854	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,962	0	0	321,103	62.00
64.00	06400	INTRAVENOUS THERAPY	0	190	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,702	0	0	3,427	65.00
66.00	06600	PHYSICAL THERAPY	0	4,736	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,292	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,919	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,157	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,391	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	554,186	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	25,296,490	73.00
74.00	07400	RENAL DIALYSIS	0	326	0	0	28,368	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	2,702	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	22,768	0	0	3,594	90.00
91.00	09100	EMERGENCY	0	10,819	10	0	9,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,696	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	515	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	650	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	60	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	448,550	412,417	115,979	554,186	26,373,841	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	855	0	0	0	190.00
190.01	19001	FUND RAISING	0	4,150	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	2,072	2,072	0	0	190.02
191.00	19100	RESEARCH	0	32,606	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	13,484	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	3,516	0	0	37,826	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	78,784	0	0	178,144	192.00
194.00	07950	MEDICAL COLLEGE	0	11,261	0	0	285	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
194.01	07951	AFFIL CORP ARC VENTURES	0	2,970	0	0	79,063	194.01
194.02	07952	AFFIL CORP ROOM 500	0	2,505	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	518	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,034,225	5,428,501	11,032,689	3,942,046	53,688,881	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.287984	9.605620	93.456972	7.113218	2.013145	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,084,562	2,171,129	1,315,260	2,368,984	1,487,884	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.647335	3.841768	11.141456	4.274709	0.055790	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,000					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	6,127	1,832,588,808				16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	24,913			18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	9,033		18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	18,802	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	231,683,180	0	3,832	2,646	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	58,611,814	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	52,867,229	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	14,631,829	0	4,140	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	58,982,205	0	60	11,071	35.02
40.00	04000	SUBPROVIDER - IPF	0	35,996,834	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	25,029,865	0	0	0	41.00
43.00	04300	NURSERY	0	6,428,476	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	241,670,879	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	15,377,441	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,161,200	0	0	4,635	52.00
53.00	05300	ANESTHESIOLOGY	0	49,897,406	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	139,559,941	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,219,080	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,907,147	0	0	0	56.00
60.00	06000	LABORATORY	0	236,006,677	3,835	675	450	60.00
60.01	06002	LABORATORY - HLA	0	611,285	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	56,110,273	2,162	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	36,464,382	190	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	29,193,457	5,533	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19,378,448	2,359	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,651,426	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,988,018	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,795,656	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,790,883	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,164,197	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	155,212,994	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	208,003,296	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	326	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,480,528	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	17,255	600	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,032,298	325	0	0	90.00
91.00	09100	EMERGENCY	3,873	39,529,909	9,909	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	4,355,000	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	724,500	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,852,200	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	201,600	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,832,588,808	24,913	9,033	18,802	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
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)	8,133,419	14,524,410	2,689,239	1,054,510	2,339,007	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	813.341900	0.007926	107.945209	116.739732	124.402032	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	648,304	772,713	218,742	575,965	332,589	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	64.830400	0.000422	8.780235	63.762316	17.689022	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG	35,765					18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	2,902				18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	2,226			18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	2,433		18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	3,912	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,753	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	3,955	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	805	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,330	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,222	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	856	0	0	0	0	56.00
60.00	06000	LABORATORY	2,157	0	2,226	1,595	1,350	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	2,562	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,747	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	766	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	838	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	905	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	250	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,696	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	515	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	650	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	60	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,765	2,902	2,226	2,433	3,912	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,558,862	730,409	1,841,943	253,836	-267	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	99.506836	251.691592	827.467655	104.330456	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	309,759	126,117	597,580	156,063	32	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.660953	43.458649	268.454627	50.436087	0.008180	205.00

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	1,391					18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	16,235				18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	515,993			18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	12,379	68,187		18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	10,609	26,985	10,000	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	1,790	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	8,511	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	63,024	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,476	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,233	2,056	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	190	1,328	0	23.01
23.02	02302	PARAMED DIETARY	0	0	332	1,038	0	23.02
23.03	02303	PARAMED SPEECH	0	0	1,153	4,328	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	900	3,860	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	220	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	880	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	736	4,102	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	180	1,270	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	829	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	500	3,057	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	597	3,553	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	58,487	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	13,905	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	14,149	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,170	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	11,131	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	8,530	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,120	0	0	41.00
43.00	04300	NURSERY	0	0	1,758	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	20,733	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	5,275	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,635	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,005	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	14,734	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,322	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	856	0	0	56.00
60.00	06000	LABORATORY	0	13,083	29,959	0	0	60.00
60.01	06002	LABORATORY - HLA	0	590	590	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,562	2,962	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	190	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,702	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,736	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,292	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,919	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,157	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,391	0	1,391	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	326	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	2,702	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	22,768	0	0	90.00
91.00	09100	EMERGENCY	0	0	10,819	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,696	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	515	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	650	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	60	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,391	16,235	363,272	51,577	8,511	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	855	1,817	1,248	190.00
190.01	19001	FUND RAISING	0	0	4,150	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,072	0	0	190.02
191.00	19100	RESEARCH	0	0	32,606	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	13,484	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	3,516	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	78,784	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	11,261	14,793	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,970	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	2,505	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	518	0	241	194.04
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)	744,055	2,386,662	-757,217	12,248,016	18,685,624	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	534.906542	147.007207	0.000000	179.623917	1,868.562400	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	26,955	73,570	250,169	2,780,941	1,685,923	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.378145	4.531568	0.484830	40.784035	168.592300	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,000					19.00
20.00	02000	NURSING SCHOOL		22,966				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			41,789			21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				41,789		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					459,281,368	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH					0	23.01
23.02	02302	PARAMED DIETARY					0	23.02
23.03	02303	PARAMED SPEECH					0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY					0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS					0	23.05
23.06	02306	PARAMED PASTORAL CARE					0	23.06
23.07	02307	PARAMED TECHNOLOGY					0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND					0	23.08
23.09	02309	PARAMED PHARMACY					0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY					0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT					0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		17,993	8,538	8,538	77,252,780	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		53	1,116	1,116	18,597,414	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0	2,145	2,145	20,343,729	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		9	582	582	6,079,119	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		470	671	671	14,589,200	35.02
40.00	04000	SUBPROVIDER - IPF		839	760	760	10,332,833	40.00
41.00	04100	SUBPROVIDER - IRF		960	496	496	7,382,911	41.00
43.00	04300	NURSERY		0	85	85	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	2,713	2,713	104,925,230	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	7,609,888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	6,714,046	52.00
53.00	05300	ANESTHESIOLOGY	10,000	2,642	2,946	2,946	7,662,595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,155	3,155	28,928,846	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	631	631	9,767,285	55.00
56.00	05600	RADIOISOTOPE	0	0	498	498	3,387,386	56.00
60.00	06000	LABORATORY	0	0	2,246	2,246	53,740,751	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,037,549	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	250	250	13,529,688	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	416,877	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	133	133	8,568,733	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,280,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,557,587	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,245,876	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	207	207	13,112,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,478,786	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	125	125	3,090,091	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	1,608	1,608	3,850,434	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	6,154	6,154	147,870	90.00
91.00	09100	EMERGENCY	0	0	1,301	1,301	16,509,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	100	100	5,468,024	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,411,513	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	1,963,217	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	298,552	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	22,966	36,460	36,460	459,281,368	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,072	2,072	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,244	3,244	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	13	13	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
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)	907,703	3,282,761	44,729,709	13,269,622	1,492,548	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	90.770300	142.940042	1,070.370408	317.538635	0.003250	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,852	1,434,889	525,461	2,831,358	228,243	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.285200	12.896891	12.574146	67.753667	0.000497	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	10,000					23.01
23.02	02302	PARAMED DIETARY	0	448,550				23.02
23.03	02303	PARAMED SPEECH	0	0	10,000			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	10,000		23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	10,000	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	306,357	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	26,966	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	26,258	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	6,316	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	49,131	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	33,522	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	10,000	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,000	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 PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	448,550	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
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)	-94,190	77,239	513,520	-124,800	231,080	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.172197	51.352000	0.000000	23.108000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	72,465	57,200	304,067	223,035	41,294	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.246500	0.032723	11.769600	22.303500	4.129400	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE	459,281,368					23.06
23.07	02307	PARAMED TECHNOLOGY	0	10,000				23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	10,000			23.08
23.09	02309	PARAMED PHARMACY	0	0	0	10,000		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	10,000	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	77,252,780	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,597,414	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	20,343,729	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,079,119	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	14,589,200	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	10,332,833	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,382,911	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	104,925,230	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	7,609,888	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,714,046	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,662,595	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,928,846	0	5,000	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,767,285	0	5,000	0	0	55.00
56.00	05600	RADIOISOTOPE	3,387,386	0	0	0	0	56.00
60.00	06000	LABORATORY	53,740,751	10,000	0	0	0	60.00
60.01	06002	LABORATORY - HLA	1,037,549	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,529,688	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	416,877	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,568,733	0	0	0	10,000	65.00
66.00	06600	PHYSICAL THERAPY	5,280,156	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,557,587	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,245,876	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,112,505	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,478,786	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,000	0	73.00
74.00	07400	RENAL DIALYSIS	3,090,091	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	3,850,434	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	147,870	0	0	0	0	90.00
91.00	09100	EMERGENCY	16,509,897	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,468,024	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,411,513	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,963,217	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	298,552	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	459,281,368	10,000	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
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)	823,209	-132,418	11,618	613,816	-102,021	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001792	0.000000	1.161800	61.381600	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	147,898	203,895	63,401	18,046	185,765	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000322	20.389500	0.240100	1.804600	18.576500	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
	GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	DEPRECIATION OLD HOSPITAL			1.01
1.02	00102	DEPRECIATION DIRECT BLDG			1.02
1.03	00103	DEPRECIATION KELLOGG PAV			1.03
1.04	00104	DEPRECIATION JELKE SOUTH			1.04
1.05	00105	DEPRECIATION ATRIUM PAV			1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH			1.07
1.08	00108	DEPRECIATION WOOD ST			1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY			1.09
1.10	00110	DEPRECIATION PRO BLDG III			1.10
1.11	00111	DEPRECIATION JRB			1.11
1.12	00112	DEPRECIATION TOB			1.12
1.13	00113	DEPRECIATION EQUIPMENT			1.13
1.14	00114	DEPRECIATION ORTHOPEDICS			1.14
1.15	00115	DEPRECIATION KIDSTON			1.15
1.16	00116	DEPRECIATION COHN			1.16
1.17	00117	DEPRECIATION TOWER			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	INTEREST GENERAL			2.01
2.02	00202	INTEREST DIRECT BLDG			2.02
2.03	00203	INTEREST ATRUM PAV			2.03
2.04	00204	INTEREST PRO BLDG SOUTH			2.04
2.05	00205	INTEREST TOB			2.05
2.06	00206	INTEREST PRO BLDG III			2.06
2.07	00207	INTEREST TOWER			2.07
2.08	00208	INTEREST PRO BLDG NORTH			2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00510	TRANSITION RECRUITMENT			5.01
5.02	00511	PARKING GARAGE			5.02
5.03	00512	RESEARCH ADMINISTRATION			5.03
5.04	00513	ADMIN & GEN INPT SERVICE			5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE			5.05
5.06	00515	ADMIN & GEN ANIMAL LAB			5.06
5.07	00516	ADMIN & GEN PT SERVICE			5.07
5.08	00517	PERSONNEL DEPARTMENT			5.08
5.09	00518	RESEARCH FACULTY			5.09
5.10	00519	RESEARCH SPA			5.10
5.11	00560	CORPORATE ADMINISTRATION			5.11
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	RENTED SPACE COSTS			6.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
10.01	01001	PATIENT FOOD SERVICE			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY			16.01
18.00	01850	CLINICAL LAB ADMIN MED			18.00
18.01	01080	CLINICAL LAB ADMIN PED			18.01
18.02	01081	CLINICAL LAB ADMIN OB			18.02
18.03	01082	CLINICAL LAB ADMIN SURG			18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH			18.04
18.05	01084	CLINICAL LAB ADMIN PATH			18.05
18.06	01085	CLINICAL LAB ADMIN CARD			18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT			18.07
18.08	01087	CLINICAL LAB ADMIN NEUR			18.08
18.09	01088	CLINICAL LAB ADMIN OCLS			18.09
18.12	01091	DISCRETIONARY OPERATIONS			18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT			18.14
18.16	01095	NURSING SCHOOL SPLIT			18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT			23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
23.01	02301	PARAMED MEDICAL PERFUSION TECH			23.01
23.02	02302	PARAMED DIETARY			23.02
23.03	02303	PARAMED SPEECH			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY			23.04
23.05	02305	PARAMED MEDICAL PHYSICS			23.05
23.06	02306	PARAMED PASTORAL CARE			23.06
23.07	02307	PARAMED TECHNOLOGY			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND			23.08
23.09	02309	PARAMED PHARMACY			23.09
23.10	02310	PARAMED RESPIRATORY THERAPY			23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	459,281,368		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	77,252,780		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,597,414		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	20,343,729		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,079,119		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	14,589,200		35.02
40.00	04000	SUBPROVIDER - IPF	10,332,833		40.00
41.00	04100	SUBPROVIDER - IRF	7,382,911		41.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	104,925,230		50.00
51.00	05100	RECOVERY ROOM	7,609,888		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,714,046		52.00
53.00	05300	ANESTHESIOLOGY	7,662,595		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,928,846		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,767,285		55.00
56.00	05600	RADIOISOTOPE	3,387,386		56.00
60.00	06000	LABORATORY	53,740,751		60.00
60.01	06002	LABORATORY - HLA	1,037,549		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,529,688		62.00
64.00	06400	INTRAVENOUS THERAPY	416,877		64.00
65.00	06500	RESPIRATORY THERAPY	8,568,733		65.00
66.00	06600	PHYSICAL THERAPY	5,280,156		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,557,587		67.00
68.00	06800	SPEECH PATHOLOGY	2,245,876		68.00
69.00	06900	ELECTROCARDIOLOGY	13,112,505		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,478,786		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	3,090,091		74.00
76.00	03020	RENAL DIALYSIS I/P	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	3,850,434		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	147,870		90.00
91.00	09100	EMERGENCY	16,509,897		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04040	BEHAVIORAL HEALTH	0		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	5,468,024		105.00
106.00	10600	HEART ACQUISITION	1,411,513		106.00
107.00	10700	LIVER ACQUISITION	1,963,217		107.00
108.00	10800	LUNG ACQUISITION	0		108.00
109.00	10900	PANCREAS ACQUISITION	298,552		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	459,281,368		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
190.01	19001	FUND RAISING	0		190.01
190.02	19002	RUSH DAY SCHOOL	0		190.02
191.00	19100	RESEARCH	0		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0		191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/20/2013 4:11 pm

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)	
			23.11	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	MEDICAL COLLEGE	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	194.03
194.04	07954	CON - GNE	0	194.04
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)	-364,559	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	171,738	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000374	205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-2 | Date/Time Prepared: 11/20/2013 4:11 pm

	Description	Worksheet Part	Worksheet Line No.	Amount	
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	-33,200	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	115,551,478		115,551,478	16,413	115,567,891	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	24,719,805		24,719,805	0	24,719,805	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	27,073,688		27,073,688	199,908	27,273,596	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	8,347,251		8,347,251	0	8,347,251	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	20,492,464		20,492,464	75,074	20,567,538	35.02
40.00	04000	SUBPROVIDER - IPF	15,308,590		15,308,590	0	15,308,590	40.00
41.00	04100	SUBPROVIDER - IRF	10,968,489		10,968,489	0	10,968,489	41.00
43.00	04300	NURSERY	3,161,078		3,161,078	0	3,161,078	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	80,270,413		80,270,413	0	80,270,413	50.00
51.00	05100	RECOVERY ROOM	10,682,106		10,682,106	0	10,682,106	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,101,533		9,101,533	0	9,101,533	52.00
53.00	05300	ANESTHESIOLOGY	8,802,141		8,802,141	0	8,802,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,042,390		43,042,390	116,803	43,159,193	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,715,628		13,715,628	0	13,715,628	55.00
56.00	05600	RADIOISOTOPE	8,221,233		8,221,233	0	8,221,233	56.00
60.00	06000	LABORATORY	76,815,875		76,815,875	87,755	76,903,630	60.00
60.01	06002	LABORATORY - HLA	1,281,433		1,281,433	0	1,281,433	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,909,186		17,909,186	0	17,909,186	62.00
64.00	06400	INTRAVENOUS THERAPY	1,515,764		1,515,764	0	1,515,764	64.00
65.00	06500	RESPIRATORY THERAPY	11,166,450	0	11,166,450	0	11,166,450	65.00
66.00	06600	PHYSICAL THERAPY	7,230,994	0	7,230,994	0	7,230,994	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,149,923	0	5,149,923	0	5,149,923	67.00
68.00	06800	SPEECH PATHOLOGY	3,569,546	0	3,569,546	0	3,569,546	68.00
69.00	06900	ELECTROCARDIOLOGY	10,147,558		10,147,558	193,741	10,341,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,864,062		2,864,062	0	2,864,062	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,588,936		4,588,936	0	4,588,936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,307,322		64,307,322	0	64,307,322	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,770,422		89,770,422	0	89,770,422	73.00
74.00	07400	RENAL DIALYSIS	888,983		888,983	0	888,983	74.00
76.00	03020	RENAL DIALYSIS I/P	3,105,604		3,105,604	0	3,105,604	76.00
76.01	03021	PSYCH DAY HOSPITAL	4,792,186		4,792,186	0	4,792,186	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	41,714,588		41,714,588	0	41,714,588	90.00
91.00	09100	EMERGENCY	25,933,115		25,933,115	8,037	25,941,152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,505,188		6,505,188		6,505,188	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,183,125		6,183,125		6,183,125	105.00
106.00	10600	HEART ACQUISITION	1,533,685		1,533,685		1,533,685	106.00
107.00	10700	LIVER ACQUISITION	2,226,362		2,226,362		2,226,362	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	330,539		330,539		330,539	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	788,989,133	0	788,989,133	697,731	789,686,864	200.00
201.00		Less Observation Beds	6,505,188		6,505,188		6,505,188	201.00
202.00		Total (see instructions)	782,483,945	0	782,483,945	697,731	783,181,676	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	231,683,180		231,683,180			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	58,611,814		58,611,814			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	52,867,229		52,867,229			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	14,631,829		14,631,829			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	58,982,205		58,982,205			35.02
40.00	04000	SUBPROVIDER - IPF	35,996,834		35,996,834			40.00
41.00	04100	SUBPROVIDER - IRF	25,029,865		25,029,865			41.00
43.00	04300	NURSERY	6,428,476		6,428,476			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	241,670,879	125,751,189	367,422,068	0.218469	0.000000	50.00
51.00	05100	RECOVERY ROOM	15,377,441	14,472,078	29,849,519	0.357865	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,161,200	2,810,177	20,971,377	0.433998	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	49,897,406	31,935,428	81,832,834	0.107562	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,559,941	134,666,607	274,226,548	0.156959	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,219,080	76,851,647	87,070,727	0.157523	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,907,147	20,906,531	25,813,678	0.318484	0.000000	56.00
60.00	06000	LABORATORY	236,006,677	239,435,634	475,442,311	0.161567	0.000000	60.00
60.01	06002	LABORATORY - HLA	611,285	1,543,320	2,154,605	0.594741	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	56,110,273	16,792,351	72,902,624	0.245659	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	36,464,382	745,582	37,209,964	0.040735	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	29,193,457	1,177,515	30,370,972	0.367669	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,378,448	7,801,494	27,179,942	0.266042	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,651,426	2,799,366	18,450,792	0.279117	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,988,018	3,531,972	7,519,990	0.474674	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	34,795,656	32,530,901	67,326,557	0.150721	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,790,883	2,656,294	16,447,177	0.174137	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,164,197	91,031	1,255,228	3.655859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,212,994	55,967,642	211,180,636	0.304513	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	208,003,296	247,184,992	455,188,288	0.197216	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	2,679,993	2,679,993	0.331711	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	10,480,528	0	10,480,528	0.296321	0.000000	76.00
76.01	03021	PSYCH DAY HOSPITAL	17,255	8,488,287	8,505,542	0.563419	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,032,298	121,543,935	122,576,233	0.340315	0.000000	90.00
91.00	09100	EMERGENCY	39,529,909	87,116,295	126,646,204	0.204768	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,116,727	13,116,727	0.495946	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,355,000	0	4,355,000			105.00
106.00	10600	HEART ACQUISITION	724,500	0	724,500			106.00
107.00	10700	LIVER ACQUISITION	1,852,200	0	1,852,200			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	201,600	0	201,600			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,832,588,808	1,252,596,988	3,085,185,796			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,832,588,808	1,252,596,988	3,085,185,796			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.218469		50.00
51.00	05100	RECOVERY ROOM	0.357865		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.433998		52.00
53.00	05300	ANESTHESIOLOGY	0.107562		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157385		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157523		55.00
56.00	05600	RADIOISOTOPE	0.318484		56.00
60.00	06000	LABORATORY	0.161752		60.00
60.01	06002	LABORATORY - HLA	0.594741		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.245659		62.00
64.00	06400	INTRAVENOUS THERAPY	0.040735		64.00
65.00	06500	RESPIRATORY THERAPY	0.367669		65.00
66.00	06600	PHYSICAL THERAPY	0.266042		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279117		67.00
68.00	06800	SPEECH PATHOLOGY	0.474674		68.00
69.00	06900	ELECTROCARDIOLOGY	0.153599		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174137		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.655859		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304513		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197216		73.00
74.00	07400	RENAL DIALYSIS	0.331711		74.00
76.00	03020	RENAL DIALYSIS I/P	0.296321		76.00
76.01	03021	PSYCH DAY HOSPITAL	0.563419		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.340315		90.00
91.00	09100	EMERGENCY	0.204832		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.495946		92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
		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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
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: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/20/2013 4:11 pm

Title XIX | Hospital

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	127,401,446		127,401,446	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	26,268,711		26,268,711	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	30,050,753		30,050,753	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	9,155,014		9,155,014	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	21,423,751		21,423,751	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	16,363,401		16,363,401	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,656,892		11,656,892	0	0	41.00
43.00	04300	NURSERY	3,279,050		3,279,050	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,035,810		84,035,810	0	0	50.00
51.00	05100	RECOVERY ROOM	10,682,106		10,682,106	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,101,533		9,101,533	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12,890,921		12,890,921	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,421,243		47,421,243	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,591,399		14,591,399	0	0	55.00
56.00	05600	RADIOISOTOPE	8,912,411		8,912,411	0	0	56.00
60.00	06000	LABORATORY	79,933,119		79,933,119	0	0	60.00
60.01	06002	LABORATORY - HLA	1,281,433		1,281,433	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,256,164		18,256,164	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,515,764		1,515,764	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,351,042	0	11,351,042	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,230,994	0	7,230,994	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,149,923	0	5,149,923	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,569,546	0	3,569,546	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,434,855		10,434,855	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,864,062		2,864,062	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,588,936		4,588,936	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,307,322		64,307,322	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,770,422		89,770,422	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,062,471		1,062,471	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	3,105,604		3,105,604	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	7,023,944		7,023,944	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	50,255,780		50,255,780	0	0	90.00
91.00	09100	EMERGENCY	27,738,785		27,738,785	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,505,188		6,505,188		0	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,321,916		6,321,916		0	105.00
106.00	10600	HEART ACQUISITION	1,533,685		1,533,685		0	106.00
107.00	10700	LIVER ACQUISITION	2,226,362		2,226,362		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	330,539		330,539		0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	839,592,297	0	839,592,297	0	0	200.00
201.00		Less Observation Beds	6,505,188		6,505,188		0	201.00
202.00		Total (see instructions)	833,087,109	0	833,087,109	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/20/2013 4:11 pm

Title XIX | Hospital

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	231,683,180		231,683,180			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	58,611,814		58,611,814			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	52,867,229		52,867,229			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	14,631,829		14,631,829			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	58,982,205		58,982,205			35.02
40.00	04000	SUBPROVIDER - IPF	35,996,834		35,996,834			40.00
41.00	04100	SUBPROVIDER - IRF	25,029,865		25,029,865			41.00
43.00	04300	NURSERY	6,428,476		6,428,476			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	241,670,879	125,751,189	367,422,068	0.228717	0.000000	50.00
51.00	05100	RECOVERY ROOM	15,377,441	14,472,078	29,849,519	0.357865	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,161,200	2,810,177	20,971,377	0.433998	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	49,897,406	31,935,428	81,832,834	0.157527	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,559,941	134,666,607	274,226,548	0.172927	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,219,080	76,851,647	87,070,727	0.167581	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,907,147	20,906,531	25,813,678	0.345259	0.000000	56.00
60.00	06000	LABORATORY	236,006,677	239,435,634	475,442,311	0.168124	0.000000	60.00
60.01	06002	LABORATORY - HLA	611,285	1,543,320	2,154,605	0.594741	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	56,110,273	16,792,351	72,902,624	0.250418	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	36,464,382	745,582	37,209,964	0.040735	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	29,193,457	1,177,515	30,370,972	0.373746	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,378,448	7,801,494	27,179,942	0.266042	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,651,426	2,799,366	18,450,792	0.279117	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,988,018	3,531,972	7,519,990	0.474674	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	34,795,656	32,530,901	67,326,557	0.154989	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,790,883	2,656,294	16,447,177	0.174137	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,164,197	91,031	1,255,228	3.655859	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,212,994	55,967,642	211,180,636	0.304513	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	208,003,296	247,184,992	455,188,288	0.197216	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	2,679,993	2,679,993	0.396445	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	10,480,528	0	10,480,528	0.296321	0.000000	76.00
76.01	03021	PSYCH DAY HOSPITAL	17,255	8,488,287	8,505,542	0.825808	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,032,298	121,543,935	122,576,233	0.409996	0.000000	90.00
91.00	09100	EMERGENCY	39,529,909	87,116,295	126,646,204	0.219026	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,116,727	13,116,727	0.495946	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,355,000	0	4,355,000			105.00
106.00	10600	HEART ACQUISITION	724,500	0	724,500			106.00
107.00	10700	LIVER ACQUISITION	1,852,200	0	1,852,200			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	201,600	0	201,600			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,832,588,808	1,252,596,988	3,085,185,796			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,832,588,808	1,252,596,988	3,085,185,796			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/20/2013 4:11 pm

Title XIX | Hospital

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		35.02
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06002	LABORATORY - HLA	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	0.000000	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS		
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
		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
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)		112.00
114.00	11400	UTILIZATION REVIEW - SNF		114.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part I Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	18,536,665	0	18,536,665	108,210	171.30	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,416,148		3,416,148	13,483	253.37	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	3,674,679		3,674,679	13,129	279.89	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	944,336		944,336	3,158	299.03	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	1,635,831		1,635,831	14,537	112.53	35.02
40.00	SUBPROVIDER - IPF	1,874,540	0	1,874,540	16,377	114.46	40.00
41.00	SUBPROVIDER - IRF	1,282,173	0	1,282,173	11,174	114.75	41.00
43.00	NURSERY	436,155		436,155	3,982	109.53	43.00
200.00	Total (lines 30-199)	31,800,527		31,800,527	184,050		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	38,173	6,539,035		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,378	1,362,624		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	6,651	1,861,548		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	23	6,878		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0		35.02
40.00	SUBPROVIDER - IPF	6,749	772,491		40.00
41.00	SUBPROVIDER - IRF	6,967	799,463		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	63,941	11,342,039		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part II Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,213,645	367,422,068	0.035963	74,102,088	2,664,933	50.00
51.00	05100	RECOVERY ROOM	2,631,129	29,849,519	0.088146	6,252,943	551,172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	809,362	20,971,377	0.038594	165,889	6,402	52.00
53.00	05300	ANESTHESIOLOGY	1,305,171	81,832,834	0.015949	16,787,154	267,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,557,597	274,226,548	0.027560	56,971,653	1,570,139	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,847,607	87,070,727	0.021220	3,756,903	79,721	55.00
56.00	05600	RADIOISOTOPE	929,691	25,813,678	0.036015	2,141,024	77,109	56.00
60.00	06000	LABORATORY	8,500,912	475,442,311	0.017880	89,238,268	1,595,580	60.00
60.01	06002	LABORATORY - HLA	82,235	2,154,605	0.038167	234,232	8,940	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	714,830	72,902,624	0.009805	18,579,266	182,170	62.00
64.00	06400	INTRAVENOUS THERAPY	86,195	37,209,964	0.002316	14,145,322	32,761	64.00
65.00	06500	RESPIRATORY THERAPY	1,051,700	30,370,972	0.034628	8,571,720	296,822	65.00
66.00	06600	PHYSICAL THERAPY	1,046,830	27,179,942	0.038515	5,586,135	215,150	66.00
67.00	06700	OCCUPATIONAL THERAPY	737,512	18,450,792	0.039972	3,709,022	148,257	67.00
68.00	06800	SPEECH PATHOLOGY	441,145	7,519,990	0.058663	1,207,682	70,846	68.00
69.00	06900	ELECTROCARDIOLOGY	1,436,691	67,326,557	0.021339	13,092,771	279,387	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,731	16,447,177	0.019622	3,897,525	76,477	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,374,408	1,255,228	1.891615	423,606	801,299	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	709,764	211,180,636	0.003361	61,207,075	205,717	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,478,093	455,188,288	0.005444	70,677,826	384,770	73.00
74.00	07400	RENAL DIALYSIS	122,414	2,679,993	0.045677	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	181,463	10,480,528	0.017314	6,010,649	104,068	76.00
76.01	03021	PSYCH DAY HOSPITAL	494,922	8,505,542	0.058188	1,334	78	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,755,228	122,576,233	0.038794	563,630	21,865	90.00
91.00	09100	EMERGENCY	4,722,003	126,646,204	0.037285	15,151,906	564,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,043,406	13,116,727	0.079548	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	59,596,684	2,593,821,064		472,475,623	10,206,340	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part III Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,571,920	442,263	0	0	3,014,183	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,576	98,412	0		105,988	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	107,095	0		107,095	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	1,286	31,739	0		33,025	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	67,182	73,559	0		140,741	35.02
40.00	04000	SUBPROVIDER - IPF	119,927	60,558	0	0	180,485	40.00
41.00	04100	SUBPROVIDER - IRF	137,222	42,996	0	0	180,218	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	2,905,113	856,622	0		3,761,735	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	108,210	27.85	38,173	1,063,118	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,483	7.86	5,378	42,271	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	13,129	8.16	6,651	54,272	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	3,158	10.46	23	241	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	14,537	9.68	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	16,377	11.02	6,749	74,374	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,174	16.13	6,967	112,378	0	41.00
43.00	04300	NURSERY	3,982	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	184,050		63,941	1,346,654	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part IV Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	529,095	0	529,095	50.00
51.00	05100	RECOVERY ROOM	0	0	38,369	0	38,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	33,853	0	33,853	52.00
53.00	05300	ANESTHESIOLOGY	0	377,648	38,634	0	416,282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	267,208	0	267,208	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	170,596	0	170,596	55.00
56.00	05600	RADIOISOTOPE	0	0	17,079	0	17,079	56.00
60.00	06000	LABORATORY	0	0	270,960	0	270,960	60.00
60.01	06002	LABORATORY - HLA	0	0	5,231	0	5,231	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	68,216	0	68,216	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,102	0	2,102	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	43,203	0	43,203	65.00
66.00	06600	PHYSICAL THERAPY	0	0	26,623	0	26,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	17,937	0	17,937	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	524,844	0	524,844	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	66,114	0	66,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,456	0	7,456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	613,816	0	613,816	73.00
74.00	07400	RENAL DIALYSIS	0	0	15,580	0	15,580	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	19,414	0	19,414	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	746	0	746	90.00
91.00	09100	EMERGENCY	0	0	83,243	0	83,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	144,773	24,895	0	169,668	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	522,421	2,885,214	0	3,407,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part IV Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	529,095	367,422,068	0.001440	0.001440	74,102,088	50.00
51.00	05100	RECOVERY ROOM	38,369	29,849,519	0.001285	0.001285	6,252,943	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,853	20,971,377	0.001614	0.001614	165,889	52.00
53.00	05300	ANESTHESIOLOGY	416,282	81,832,834	0.005087	0.005087	16,787,154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	267,208	274,226,548	0.000974	0.000974	56,971,653	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	170,596	87,070,727	0.001959	0.001959	3,756,903	55.00
56.00	05600	RADIOISOTOPE	17,079	25,813,678	0.000662	0.000662	2,141,024	56.00
60.00	06000	LABORATORY	270,960	475,442,311	0.000570	0.000570	89,238,268	60.00
60.01	06002	LABORATORY - HLA	5,231	2,154,605	0.002428	0.002428	234,232	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	68,216	72,902,624	0.000936	0.000936	18,579,266	62.00
64.00	06400	INTRAVENOUS THERAPY	2,102	37,209,964	0.000056	0.000056	14,145,322	64.00
65.00	06500	RESPIRATORY THERAPY	43,203	30,370,972	0.001423	0.001423	8,571,720	65.00
66.00	06600	PHYSICAL THERAPY	26,623	27,179,942	0.000980	0.000980	5,586,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,937	18,450,792	0.000972	0.000972	3,709,022	67.00
68.00	06800	SPEECH PATHOLOGY	524,844	7,519,990	0.069793	0.069793	1,207,682	68.00
69.00	06900	ELECTROCARDIOLOGY	66,114	67,326,557	0.000982	0.000982	13,092,771	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,456	16,447,177	0.000453	0.000453	3,897,525	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,255,228	0.000000	0.000000	423,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	211,180,636	0.000000	0.000000	61,207,075	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	613,816	455,188,288	0.001348	0.001348	70,677,826	73.00
74.00	07400	RENAL DIALYSIS	15,580	2,679,993	0.005813	0.005813	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,480,528	0.000000	0.000000	6,010,649	76.00
76.01	03021	PSYCH DAY HOSPITAL	19,414	8,505,542	0.002283	0.002283	1,334	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	746	122,576,233	0.000006	0.000006	563,630	90.00
91.00	09100	EMERGENCY	83,243	126,646,204	0.000657	0.000657	15,151,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	169,668	13,116,727	0.012935	0.012935	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,407,635	2,593,821,064			472,475,623	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part IV Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	106,707	23,026,401	33,158	0	0	50.00
51.00	05100	RECOVERY ROOM	8,035	6,222,563	7,996	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	268	15,049	24	0	0	52.00
53.00	05300	ANESTHESIOLOGY	85,396	6,587,070	33,508	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,490	43,078,976	41,959	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,360	26,067,638	51,067	0	0	55.00
56.00	05600	RADIOISOTOPE	1,417	7,171,954	4,748	0	0	56.00
60.00	06000	LABORATORY	50,866	72,240,595	41,177	0	0	60.00
60.01	06002	LABORATORY - HLA	569	450,623	1,094	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,390	4,447,121	4,163	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	792	327,770	18	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,198	283,760	404	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,474	1,795,008	1,759	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,605	624,776	607	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	84,288	698,472	48,748	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,857	7,084,176	6,957	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,766	386,595	175	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,097	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,415,162	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,274	93,744,130	126,367	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	761,374	4,426	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	3	582,980	1,331	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3	37,882,712	227	0	0	90.00
91.00	09100	EMERGENCY	9,955	12,761,079	8,384	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,697,821	34,896	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	559,713	366,387,902	453,193	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part IV Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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
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
60.00	06000	LABORATORY	0	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part V Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.218469	23,026,401	0	0	5,030,555	50.00
51.00	05100	RECOVERY ROOM	0.357865	6,222,563	0	0	2,226,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.433998	15,049	0	0	6,531	52.00
53.00	05300	ANESTHESIOLOGY	0.107562	6,587,070	0	0	708,518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156959	43,078,976	0	0	6,761,633	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157523	26,067,638	0	0	4,106,253	55.00
56.00	05600	RADIOISOTOPE	0.318484	7,171,954	0	0	2,284,153	56.00
60.00	06000	LABORATORY	0.161567	72,240,595	87,674	0	11,671,696	60.00
60.01	06002	LABORATORY - HLA	0.594741	450,623	0	0	268,004	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.245659	4,447,121	0	0	1,092,475	62.00
64.00	06400	INTRAVENOUS THERAPY	0.040735	327,770	0	0	13,352	64.00
65.00	06500	RESPIRATORY THERAPY	0.367669	283,760	0	0	104,330	65.00
66.00	06600	PHYSICAL THERAPY	0.266042	1,795,008	0	0	477,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279117	624,776	0	0	174,386	67.00
68.00	06800	SPEECH PATHOLOGY	0.474674	698,472	0	0	331,546	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150721	7,084,176	0	0	1,067,734	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174137	386,595	0	0	67,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.655859	34,097	0	0	124,654	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304513	17,415,162	456,680	0	5,303,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197216	93,744,130	657,096	0	18,487,842	73.00
74.00	07400	RENAL DIALYSIS	0.331711	761,374	0	0	252,556	74.00
76.00	03020	RENAL DIALYSIS I/P	0.296321	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.563419	582,980	0	0	328,462	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.340315	37,882,712	0	0	12,892,055	90.00
91.00	09100	EMERGENCY	0.204768	12,761,079	0	0	2,613,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.495946	2,697,821	0	0	1,337,974	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		366,387,902	1,201,450	0	77,732,619	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		366,387,902	1,201,450	0	77,732,619	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part V Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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
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
60.00	06000	LABORATORY	14,165	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,065	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	129,590	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	282,820	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	282,820	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119
Component CCN: 14S119

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part II
Date/Time Prepared:
11/20/2013 4:11 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,213,645	367,422,068	0.035963	73,871	2,657	50.00
51.00	05100	RECOVERY ROOM	2,631,129	29,849,519	0.088146	799,244	70,450	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	809,362	20,971,377	0.038594	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,305,171	81,832,834	0.015949	4,687	75	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,557,597	274,226,548	0.027560	413,524	11,397	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,847,607	87,070,727	0.021220	0	0	55.00
56.00	05600	RADIOISOTOPE	929,691	25,813,678	0.036015	12,284	442	56.00
60.00	06000	LABORATORY	8,500,912	475,442,311	0.017880	1,731,286	30,955	60.00
60.01	06002	LABORATORY - HLA	82,235	2,154,605	0.038167	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	714,830	72,902,624	0.009805	8,143	80	62.00
64.00	06400	INTRAVENOUS THERAPY	86,195	37,209,964	0.002316	149,777	347	64.00
65.00	06500	RESPIRATORY THERAPY	1,051,700	30,370,972	0.034628	67,011	2,320	65.00
66.00	06600	PHYSICAL THERAPY	1,046,830	27,179,942	0.038515	38,022	1,464	66.00
67.00	06700	OCCUPATIONAL THERAPY	737,512	18,450,792	0.039972	542,631	21,690	67.00
68.00	06800	SPEECH PATHOLOGY	441,145	7,519,990	0.058663	27,741	1,627	68.00
69.00	06900	ELECTROCARDIOLOGY	1,436,691	67,326,557	0.021339	186,140	3,972	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,731	16,447,177	0.019622	11,134	218	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,374,408	1,255,228	1.891615	754	1,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	709,764	211,180,636	0.003361	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,478,093	455,188,288	0.005444	1,746,683	9,509	73.00
74.00	07400	RENAL DIALYSIS	122,414	2,679,993	0.045677	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	181,463	10,480,528	0.017314	43,522	754	76.00
76.01	03021	PSYCH DAY HOSPITAL	494,922	8,505,542	0.058188	6,251	364	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,755,228	122,576,233	0.038794	2,943	114	90.00
91.00	09100	EMERGENCY	4,722,003	126,646,204	0.037285	517,531	19,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,116,727	0.000000	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	58,553,278	2,593,821,064		6,383,179	179,157	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part IV
Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	529,095	0	529,095	50.00
51.00	05100	RECOVERY ROOM	0	0	38,369	0	38,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	33,853	0	33,853	52.00
53.00	05300	ANESTHESIOLOGY	0	377,648	38,634	0	416,282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	267,208	0	267,208	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	170,596	0	170,596	55.00
56.00	05600	RADIOISOTOPE	0	0	17,079	0	17,079	56.00
60.00	06000	LABORATORY	0	0	270,960	0	270,960	60.00
60.01	06002	LABORATORY - HLA	0	0	5,231	0	5,231	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	68,216	0	68,216	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,102	0	2,102	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	43,203	0	43,203	65.00
66.00	06600	PHYSICAL THERAPY	0	0	26,623	0	26,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	17,937	0	17,937	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	524,844	0	524,844	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	66,114	0	66,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,456	0	7,456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	613,816	0	613,816	73.00
74.00	07400	RENAL DIALYSIS	0	0	15,580	0	15,580	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	19,414	0	19,414	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	746	0	746	90.00
91.00	09100	EMERGENCY	0	0	83,243	0	83,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	377,648	2,860,319	0	3,237,967	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part IV
Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	529,095	367,422,068	0.001440	0.001440	73,871	50.00
51.00	05100	RECOVERY ROOM	38,369	29,849,519	0.001285	0.001285	799,244	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,853	20,971,377	0.001614	0.001614	0	52.00
53.00	05300	ANESTHESIOLOGY	416,282	81,832,834	0.005087	0.005087	4,687	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	267,208	274,226,548	0.000974	0.000974	413,524	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	170,596	87,070,727	0.001959	0.001959	0	55.00
56.00	05600	RADIOISOTOPE	17,079	25,813,678	0.000662	0.000662	12,284	56.00
60.00	06000	LABORATORY	270,960	475,442,311	0.000570	0.000570	1,731,286	60.00
60.01	06002	LABORATORY - HLA	5,231	2,154,605	0.002428	0.002428	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	68,216	72,902,624	0.000936	0.000936	8,143	62.00
64.00	06400	INTRAVENOUS THERAPY	2,102	37,209,964	0.000056	0.000056	149,777	64.00
65.00	06500	RESPIRATORY THERAPY	43,203	30,370,972	0.001423	0.001423	67,011	65.00
66.00	06600	PHYSICAL THERAPY	26,623	27,179,942	0.000980	0.000980	38,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,937	18,450,792	0.000972	0.000972	542,631	67.00
68.00	06800	SPEECH PATHOLOGY	524,844	7,519,990	0.069793	0.069793	27,741	68.00
69.00	06900	ELECTROCARDIOLOGY	66,114	67,326,557	0.000982	0.000982	186,140	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,456	16,447,177	0.000453	0.000453	11,134	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,255,228	0.000000	0.000000	754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	211,180,636	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	613,816	455,188,288	0.001348	0.001348	1,746,683	73.00
74.00	07400	RENAL DIALYSIS	15,580	2,679,993	0.005813	0.005813	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,480,528	0.000000	0.000000	43,522	76.00
76.01	03021	PSYCH DAY HOSPITAL	19,414	8,505,542	0.002283	0.002283	6,251	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	746	122,576,233	0.000006	0.000006	2,943	90.00
91.00	09100	EMERGENCY	83,243	126,646,204	0.000657	0.000657	517,531	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,116,727	0.000000	0.000000	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,237,967	2,593,821,064			6,383,179	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
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Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	106	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,027	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	403	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8	0	0	0	0	56.00
60.00	06000	LABORATORY	987	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	8	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	95	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	37	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	527	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,936	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	183	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,355	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	14	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	340	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	8,063	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part IV
Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
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
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
60.00	06000	LABORATORY	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part II
Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,213,645	367,422,068	0.035963	184,801	6,646	50.00
51.00	05100	RECOVERY ROOM	2,631,129	29,849,519	0.088146	23,623	2,082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	809,362	20,971,377	0.038594	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,305,171	81,832,834	0.015949	42,373	676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,557,597	274,226,548	0.027560	786,421	21,674	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,847,607	87,070,727	0.021220	476,401	10,109	55.00
56.00	05600	RADIOISOTOPE	929,691	25,813,678	0.036015	5,176	186	56.00
60.00	06000	LABORATORY	8,500,912	475,442,311	0.017880	2,127,776	38,045	60.00
60.01	06002	LABORATORY - HLA	82,235	2,154,605	0.038167	4,123	157	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	714,830	72,902,624	0.009805	142,510	1,397	62.00
64.00	06400	INTRAVENOUS THERAPY	86,195	37,209,964	0.002316	437,540	1,013	64.00
65.00	06500	RESPIRATORY THERAPY	1,051,700	30,370,972	0.034628	205,389	7,112	65.00
66.00	06600	PHYSICAL THERAPY	1,046,830	27,179,942	0.038515	4,331,688	166,835	66.00
67.00	06700	OCCUPATIONAL THERAPY	737,512	18,450,792	0.039972	3,901,953	155,969	67.00
68.00	06800	SPEECH PATHOLOGY	441,145	7,519,990	0.058663	782,141	45,883	68.00
69.00	06900	ELECTROCARDIOLOGY	1,436,691	67,326,557	0.021339	64,123	1,368	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,731	16,447,177	0.019622	30,748	603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,374,408	1,255,228	1.891615	20,860	39,459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	709,764	211,180,636	0.003361	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,478,093	455,188,288	0.005444	2,545,452	13,857	73.00
74.00	07400	RENAL DIALYSIS	122,414	2,679,993	0.045677	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	181,463	10,480,528	0.017314	263,295	4,559	76.00
76.01	03021	PSYCH DAY HOSPITAL	494,922	8,505,542	0.058188	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,755,228	122,576,233	0.038794	36,519	1,417	90.00
91.00	09100	EMERGENCY	4,722,003	126,646,204	0.037285	43	2	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,116,727	0.000000	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	58,553,278	2,593,821,064		16,412,955	519,049	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part IV
Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	529,095	0	529,095	50.00
51.00	05100	RECOVERY ROOM	0	0	38,369	0	38,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	33,853	0	33,853	52.00
53.00	05300	ANESTHESIOLOGY	0	377,648	38,634	0	416,282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	267,208	0	267,208	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	170,596	0	170,596	55.00
56.00	05600	RADIOISOTOPE	0	0	17,079	0	17,079	56.00
60.00	06000	LABORATORY	0	0	270,960	0	270,960	60.00
60.01	06002	LABORATORY - HLA	0	0	5,231	0	5,231	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	68,216	0	68,216	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,102	0	2,102	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	43,203	0	43,203	65.00
66.00	06600	PHYSICAL THERAPY	0	0	26,623	0	26,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	17,937	0	17,937	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	524,844	0	524,844	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	66,114	0	66,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,456	0	7,456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	613,816	0	613,816	73.00
74.00	07400	RENAL DIALYSIS	0	0	15,580	0	15,580	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	19,414	0	19,414	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	746	0	746	90.00
91.00	09100	EMERGENCY	0	0	83,243	0	83,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	377,648	2,860,319	0	3,237,967	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part IV
Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	529,095	367,422,068	0.001440	0.001440	184,801	50.00
51.00	05100	RECOVERY ROOM	38,369	29,849,519	0.001285	0.001285	23,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,853	20,971,377	0.001614	0.001614	0	52.00
53.00	05300	ANESTHESIOLOGY	416,282	81,832,834	0.005087	0.005087	42,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	267,208	274,226,548	0.000974	0.000974	786,421	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	170,596	87,070,727	0.001959	0.001959	476,401	55.00
56.00	05600	RADIOISOTOPE	17,079	25,813,678	0.000662	0.000662	5,176	56.00
60.00	06000	LABORATORY	270,960	475,442,311	0.000570	0.000570	2,127,776	60.00
60.01	06002	LABORATORY - HLA	5,231	2,154,605	0.002428	0.002428	4,123	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	68,216	72,902,624	0.000936	0.000936	142,510	62.00
64.00	06400	INTRAVENOUS THERAPY	2,102	37,209,964	0.000056	0.000056	437,540	64.00
65.00	06500	RESPIRATORY THERAPY	43,203	30,370,972	0.001423	0.001423	205,389	65.00
66.00	06600	PHYSICAL THERAPY	26,623	27,179,942	0.000980	0.000980	4,331,688	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,937	18,450,792	0.000972	0.000972	3,901,953	67.00
68.00	06800	SPEECH PATHOLOGY	524,844	7,519,990	0.069793	0.069793	782,141	68.00
69.00	06900	ELECTROCARDIOLOGY	66,114	67,326,557	0.000982	0.000982	64,123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,456	16,447,177	0.000453	0.000453	30,748	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,255,228	0.000000	0.000000	20,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	211,180,636	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	613,816	455,188,288	0.001348	0.001348	2,545,452	73.00
74.00	07400	RENAL DIALYSIS	15,580	2,679,993	0.005813	0.005813	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,480,528	0.000000	0.000000	263,295	76.00
76.01	03021	PSYCH DAY HOSPITAL	19,414	8,505,542	0.002283	0.002283	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	746	122,576,233	0.000006	0.000006	36,519	90.00
91.00	09100	EMERGENCY	83,243	126,646,204	0.000657	0.000657	43	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,116,727	0.000000	0.000000	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,237,967	2,593,821,064			16,412,955	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
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Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	266	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	30	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	216	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	766	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	933	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3	0	0	0	0	56.00
60.00	06000	LABORATORY	1,213	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	10	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	133	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	25	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	292	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,245	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,793	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	54,588	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	63	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,431	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	70,021	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
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
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
60.00	06000	LABORATORY	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	108,210	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	108,210	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.	88,155	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	13,964	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)	38,173	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)	38,345	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	115,567,891	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)	115,567,891	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	238,111,656	28.00
29.00	Private room charges (excluding swing-bed charges)	197,467,200	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	40,644,456	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.485352	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,240.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,910.66	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)	115,567,891	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,068.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	40,768,764	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)	40,768,764	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D-1 | Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	24,719,805	13,483	1,833.41	5,378	9,860,079	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	27,273,596	13,129	2,077.36	6,651	13,816,521	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	8,347,251	3,158	2,643.21	23	60,794	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	20,567,538	14,537	1,414.84	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	98,397,669	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	162,903,827	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	10,929,987	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	10,766,053	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	21,696,040	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	141,207,787	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	6,091	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,068.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	6,505,188	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	18,536,665	115,567,891	0.160396	6,505,188	1,043,406	90.00
91.00	Nursing School cost	2,571,920	115,567,891	0.022255	6,505,188	144,773	91.00
92.00	Allied health cost	442,263	115,567,891	0.003827	6,505,188	24,895	92.00
93.00	All other Medical Education	0	115,567,891	0.000000	6,505,188	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	16,377	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	16,377	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.	14,493	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	1,884	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)	6,749	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)	6,348	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	15,308,590	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)	15,308,590	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	35,996,834	28.00
29.00	Private room charges (excluding swing-bed charges)	31,845,064	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,151,770	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.425276	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,197.27	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,203.70	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)	15,308,590	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	934.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,308,695	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)	6,308,695	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140119 Component CCN: 14S119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D-1 Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,360,365	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,669,060	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	846,865	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	187,220	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,034,085	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,634,975	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,874,540	15,308,590	0.122450	0	0	90.00
91.00	Nursing School cost	119,927	15,308,590	0.007834	0	0	91.00
92.00	Allied health cost	60,558	15,308,590	0.003956	0	0	92.00
93.00	All other Medical Education	0	15,308,590	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,174	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,174	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.	6,719	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,455	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)	6,967	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)	4,317	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	10,968,489	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)	10,968,489	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	25,029,865	28.00
29.00	Private room charges (excluding swing-bed charges)	15,050,560	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	9,979,305	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.438216	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,240.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,240.02	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)	10,968,489	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	981.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,838,877	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)	6,838,877	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140119 Component CCN: 14T119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D-1 Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	4,025,518	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	10,864,395	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	911,841	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	589,070	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,500,911	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	9,363,484	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,282,173	10,968,489	0.116896	0	0	90.00
91.00	Nursing School cost	137,222	10,968,489	0.012511	0	0	91.00
92.00	Allied health cost	42,996	10,968,489	0.003920	0	0	92.00
93.00	All other Medical Education	0	10,968,489	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119

Period: From 07/01/2012 To 06/30/2013

Worksheet D-3

Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII Hospital PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		86,304,808		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		23,161,960		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		26,546,797		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		124,174		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.218469	74,102,088	16,189,009	50.00
51.00	05100	RECOVERY ROOM	0.357865	6,252,943	2,237,709	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.433998	165,889	71,995	52.00
53.00	05300	ANESTHESIOLOGY	0.107562	16,787,154	1,805,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157385	56,971,653	8,966,484	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157523	3,756,903	591,799	55.00
56.00	05600	RADIOISOTOPE	0.318484	2,141,024	681,882	56.00
60.00	06000	LABORATORY	0.161752	89,238,268	14,434,468	60.00
60.01	06002	LABORATORY - HLA	0.594741	234,232	139,307	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.245659	18,579,266	4,564,164	62.00
64.00	06400	INTRAVENOUS THERAPY	0.040735	14,145,322	576,210	64.00
65.00	06500	RESPIRATORY THERAPY	0.367669	8,571,720	3,151,556	65.00
66.00	06600	PHYSICAL THERAPY	0.266042	5,586,135	1,486,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279117	3,709,022	1,035,251	67.00
68.00	06800	SPEECH PATHOLOGY	0.474674	1,207,682	573,255	68.00
69.00	06900	ELECTROCARDIOLOGY	0.153599	13,092,771	2,011,037	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174137	3,897,525	678,703	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.655859	423,606	1,548,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304513	61,207,075	18,638,350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197216	70,677,826	13,938,798	73.00
74.00	07400	RENAL DIALYSIS	0.331711	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.296321	6,010,649	1,781,082	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.563419	1,334	752	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.340315	563,630	191,812	90.00
91.00	09100	EMERGENCY	0.204832	15,151,906	3,103,595	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.495946	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		472,475,623	98,397,669	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)		472,475,623		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2012 To 06/30/2013

Worksheet D-3
Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		14,763,646		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.218469	73,871	16,139	50.00
51.00	05100	RECOVERY ROOM	0.357865	799,244	286,021	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.433998	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.107562	4,687	504	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157385	413,524	65,082	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157523	0	0	55.00
56.00	05600	RADIOISOTOPE	0.318484	12,284	3,912	56.00
60.00	06000	LABORATORY	0.161752	1,731,286	280,039	60.00
60.01	06002	LABORATORY - HLA	0.594741	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.245659	8,143	2,000	62.00
64.00	06400	INTRAVENOUS THERAPY	0.040735	149,777	6,101	64.00
65.00	06500	RESPIRATORY THERAPY	0.367669	67,011	24,638	65.00
66.00	06600	PHYSICAL THERAPY	0.266042	38,022	10,115	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279117	542,631	151,458	67.00
68.00	06800	SPEECH PATHOLOGY	0.474674	27,741	13,168	68.00
69.00	06900	ELECTROCARDIOLOGY	0.153599	186,140	28,591	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174137	11,134	1,939	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.655859	754	2,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304513	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197216	1,746,683	344,474	73.00
74.00	07400	RENAL DIALYSIS	0.331711	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.296321	43,522	12,896	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.563419	6,251	3,522	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.340315	2,943	1,002	90.00
91.00	09100	EMERGENCY	0.204832	517,531	106,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.495946	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		6,383,179	1,360,365	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)		6,383,179		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2012 To 06/30/2013

Worksheet D-3
Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		15,616,718		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.218469	184,801	40,373	50.00
51.00	05100	RECOVERY ROOM	0.357865	23,623	8,454	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.433998	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.107562	42,373	4,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157385	786,421	123,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.157523	476,401	75,044	55.00
56.00	05600	RADIOISOTOPE	0.318484	5,176	1,648	56.00
60.00	06000	LABORATORY	0.161752	2,127,776	344,172	60.00
60.01	06002	LABORATORY - HLA	0.594741	4,123	2,452	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.245659	142,510	35,009	62.00
64.00	06400	INTRAVENOUS THERAPY	0.040735	437,540	17,823	64.00
65.00	06500	RESPIRATORY THERAPY	0.367669	205,389	75,515	65.00
66.00	06600	PHYSICAL THERAPY	0.266042	4,331,688	1,152,411	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279117	3,901,953	1,089,101	67.00
68.00	06800	SPEECH PATHOLOGY	0.474674	782,141	371,262	68.00
69.00	06900	ELECTROCARDIOLOGY	0.153599	64,123	9,849	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.174137	30,748	5,354	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3.655859	20,860	76,261	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.304513	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.197216	2,545,452	502,004	73.00
74.00	07400	RENAL DIALYSIS	0.331711	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.296321	263,295	78,020	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.563419	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.340315	36,519	12,428	90.00
91.00	09100	EMERGENCY	0.204832	43	9	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.495946	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		16,412,955	4,025,518	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)		16,412,955		202.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2012 To 06/30/2013

Worksheet D-4
Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Kidney		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	94,080	1,068.00	42	44,856	1.00
2.00	INTENSIVE CARE UNIT						2.00
3.00	CORONARY CARE UNIT						3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	50,936	1,833.41	11	20,168	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,077.36	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,643.21	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,414.84	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		145,016		53	65,024	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.218469	1,062,874	232,205	8.00
9.00	RECOVERY ROOM	51.00	0.357865	27,841	9,963	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.433998	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.107562	156,104	16,791	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156959	37,099	5,823	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.157523	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.318484	0	0	14.00
15.00	CT SCAN					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)					16.00
17.00	CARDIAC CATHETERIZATION					17.00
18.00	LABORATORY	60.00	0.161567	215,628	34,838	18.00
18.01	LABORATORY - HLA	60.01	0.594741	0	0	18.01
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	0.245659	15,978	3,925	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.					21.00
22.00	INTRAVENOUS THERAPY	64.00	0.040735	2,971	121	22.00
23.00	RESPIRATORY THERAPY	65.00	0.367669	20,920	7,692	23.00
24.00	PHYSICAL THERAPY	66.00	0.266042	624	166	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.279117	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.474674	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.150721	3,071	463	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.174137	2,142	373	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	3.655859	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.304513	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.197216	123,144	24,286	31.00
32.00	RENAL DIALYSIS	74.00	0.331711	0	0	32.00
33.00	ASC (NON-DISTINCT PART)					33.00
34.00	RENAL DIALYSIS I/P	76.00	0.296321	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.563419	0	0	34.01
35.00	RURAL HEALTH CLINIC					35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER					36.00
37.00	CLINIC	90.00	0.340315	0	0	37.00
38.00	EMERGENCY	91.00	0.204768	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.495946	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,668,396	336,646	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2012 To 06/30/2013

Worksheet D-4
Date/Time Prepared: 11/20/2013 4:11 pm

		Kidney		Hospital	PPS	
	Cost Center Description	D	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	42	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
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	11	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			53	0	48.00
	Cost Center Description	D	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
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		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	401,670		1,813,412		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)	6,183,125		4,355,000		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	6,584,795		6,168,412		61.00
62.00	Total Usable Organs (see instructions)		95			62.00
63.00	Medicare Usable Organs (see instructions)		78			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.821053			64.00
65.00	Medicare Cost/Charges (see instructions)	5,406,466		5,064,593		65.00
66.00	Revenue for Organs Sold	258,449		258,449		66.00
67.00	Subtotal (line 65 minus line 66)	5,148,017		4,806,144		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,148,017	0	4,806,144	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)		14	28		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	53		73.00
74.00	Total (sum of lines 70 thru 73)		14	81		74.00
75.00	Organs Transplanted		14	53	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	28	258,449	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		14	81		84.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2012 To 06/30/2013

Worksheet D-4
Date/Time Prepared: 11/20/2013 4:11 pm

Liver — Hospital — PPS

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,068.00	0	0	1.00
2.00	INTENSIVE CARE UNIT						2.00
3.00	CORONARY CARE UNIT						3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	21,830	1,833.41	5	9,167	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,077.36	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,643.21	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,414.84	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		21,830		5	9,167	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.218469	101,934	22,269	8.00
9.00	RECOVERY ROOM	51.00	0.357865	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.433998	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.107562	19,669	2,116	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156959	9,561	1,501	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.157523	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.318484	0	0	14.00
15.00	CT SCAN					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)					16.00
17.00	CARDIAC CATHETERIZATION					17.00
18.00	LABORATORY	60.00	0.161567	77,219	12,476	18.00
18.01	LABORATORY - HLA	60.01	0.594741	0	0	18.01
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	0.245659	1,530	376	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.					21.00
22.00	INTRAVENOUS THERAPY	64.00	0.040735	1,273	52	22.00
23.00	RESPIRATORY THERAPY	65.00	0.367669	8,966	3,297	23.00
24.00	PHYSICAL THERAPY	66.00	0.266042	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.279117	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.474674	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.150721	844	127	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.174137	918	160	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	3.655859	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.304513	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.197216	17,590	3,469	31.00
32.00	RENAL DIALYSIS	74.00	0.331711	0	0	32.00
33.00	ASC (NON-DISTINCT PART)					33.00
34.00	RENAL DIALYSIS I/P	76.00	0.296321	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.563419	0	0	34.01
35.00	RURAL HEALTH CLINIC					35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER					36.00
37.00	CLINIC	90.00	0.340315	0	0	37.00
38.00	EMERGENCY	91.00	0.204768	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.495946	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			239,504	45,843	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2012 To 06/30/2013

Worksheet D-4
Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Liver D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS 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
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	5	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00

	Cost Center Description	D	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
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges 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	55,010		261,334		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,226,362		1,852,200		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,281,372		2,113,534		61.00
62.00	Total Usable Organs (see instructions)		40			62.00
63.00	Medicare Usable Organs (see instructions)		21			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.525000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,197,720		1,109,605		65.00
66.00	Revenue for Organs Sold	110,764		110,764		66.00
67.00	Subtotal (line 65 minus line 66)	1,086,956		998,841		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,086,956	0	998,841	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	12		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	28		73.00
74.00	Total (sum of lines 70 thru 73)	0	40		74.00
75.00	Organs Transplanted	0	28	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	12	110,764	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	40		84.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2012 To 06/30/2013

Worksheet D-4
Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,068.00	0	0	1.00
2.00	INTENSIVE CARE UNIT						2.00
3.00	CORONARY CARE UNIT						3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	3,638	1,833.41	1	1,833	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,077.36	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,643.21	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,414.84	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		3,638		1	1,833	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.218469	16,989	3,712	8.00
9.00	RECOVERY ROOM	51.00	0.357865	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.433998	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.107562	3,278	353	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156959	1,593	250	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.157523	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.318484	0	0	14.00
15.00	CT SCAN					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)					16.00
17.00	CARDIAC CATHETERIZATION					17.00
18.00	LABORATORY	60.00	0.161567	12,870	2,079	18.00
18.01	LABORATORY - HLA	60.01	0.594741	0	0	18.01
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	0.245659	255	63	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.					21.00
22.00	INTRAVENOUS THERAPY	64.00	0.040735	212	9	22.00
23.00	RESPIRATORY THERAPY	65.00	0.367669	1,494	549	23.00
24.00	PHYSICAL THERAPY	66.00	0.266042	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.279117	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.474674	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.150721	141	21	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.174137	153	27	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	3.655859	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.304513	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.197216	2,932	578	31.00
32.00	RENAL DIALYSIS	74.00	0.331711	0	0	32.00
33.00	ASC (NON-DISTINCT PART)					33.00
34.00	RENAL DIALYSIS I/P	76.00	0.296321	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.563419	0	0	34.01
35.00	RURAL HEALTH CLINIC					35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER					36.00
37.00	CLINIC	90.00	0.340315	0	0	37.00
38.00	EMERGENCY	91.00	0.204768	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.495946	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			39,917	7,641	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2012 To 06/30/2013

Worksheet D-4
Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Heart D	Heart Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS 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
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	D	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
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges 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	9,474		43,555		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)	1,533,685		724,500		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,543,159		768,055		61.00
62.00	Total Usable Organs (see instructions)		9			62.00
63.00	Medicare Usable Organs (see instructions)		4			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.444444			64.00
65.00	Medicare Cost/Charges (see instructions)	685,848		341,357		65.00
66.00	Revenue for Organs Sold	18,461		18,461		66.00
67.00	Subtotal (line 65 minus line 66)	667,387		322,896		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	667,387	0	322,896	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	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 thru 73)	0	9		74.00
75.00	Organs Transplanted	0	7	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	2	18,461	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	9		84.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2012 To 06/30/2013

Worksheet D-4
Date/Time Prepared: 11/20/2013 4:11 pm

Pancreas | Hospital | PPS

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,068.00	0	0	1.00
2.00	INTENSIVE CARE UNIT						2.00
3.00	CORONARY CARE UNIT						3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	5,457	1,833.41	1	1,833	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,077.36	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,643.21	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,414.84	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		5,457		1	1,833	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.218469	25,484	5,567	8.00
9.00	RECOVERY ROOM	51.00	0.357865	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.433998	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.107562	4,917	529	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156959	2,390	375	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.157523	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.318484	0	0	14.00
15.00	CT SCAN					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)					16.00
17.00	CARDIAC CATHETERIZATION					17.00
18.00	LABORATORY	60.00	0.161567	19,305	3,119	18.00
18.01	LABORATORY - HLA	60.01	0.594741	0	0	18.01
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	0.245659	383	94	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.					21.00
22.00	INTRAVENOUS THERAPY	64.00	0.040735	318	13	22.00
23.00	RESPIRATORY THERAPY	65.00	0.367669	2,241	824	23.00
24.00	PHYSICAL THERAPY	66.00	0.266042	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.279117	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.474674	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.150721	211	32	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.174137	229	40	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	3.655859	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.304513	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.197216	4,397	867	31.00
32.00	RENAL DIALYSIS	74.00	0.331711	0	0	32.00
33.00	ASC (NON-DISTINCT PART)					33.00
34.00	RENAL DIALYSIS I/P	76.00	0.296321	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.563419	0	0	34.01
35.00	RURAL HEALTH CLINIC					35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER					36.00
37.00	CLINIC	90.00	0.340315	0	0	37.00
38.00	EMERGENCY	91.00	0.204768	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.495946	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			59,875	11,460	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2012 To 06/30/2013

Worksheet D-4
Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Pancreas D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS 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
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	D	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
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges 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	13,293		65,332		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)	330,539		201,600		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	343,832		266,932		61.00
62.00	Total Usable Organs (see instructions)		7			62.00
63.00	Medicare Usable Organs (see instructions)		6			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.857143			64.00
65.00	Medicare Cost/Charges (see instructions)	294,713		228,799		65.00
66.00	Revenue for Organs Sold	27,691		27,691		66.00
67.00	Subtotal (line 65 minus line 66)	267,022		201,108		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	267,022	0	201,108	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	4		73.00
74.00	Total (sum of lines 70 thru 73)	0	7		74.00
75.00	Organs Transplanted	0	4	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	27,691	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	7		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/20/2013 4:11 pm

		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		97,519,813		1.00
2.00	Outlier payments for discharges. (see instructions)		4,574,749		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		5,322,922		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		539.83		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		410.46		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		17.61		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		85.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		477.85		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		526.32		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		477.85		12.00
13.00	Total allowable FTE count for the prior year.		479.68		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.		479.86		14.00
15.00	Sum of lines 12 through 14 divided by 3.		479.13		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		1.00		17.00
18.00	Adjusted rolling average FTE count		480.13		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.889410		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.905774		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.889410		21.00
22.00	IME payment adjustment (see instructions)		40,809,129		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		48.47		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)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		40,809,129		29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.50		30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.61		31.00
32.00	Sum of lines 30 and 31		42.11		32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.79		33.00
34.00	Disproportionate share adjustment (see instructions)		23,199,964		34.00
	Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		9,364		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		855	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Hospital	PPS

			before 1/1	on/after 1/1	
		0	1.00	1.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		9.13		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		6,842		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		1.143191		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		405.45	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		166,103,655		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		166,103,655		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		12,029,890		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		11,117,758		52.00
53.00	Nursing and Allied Health Managed Care payment		119,258		53.00
54.00	Special add-on payments for new technologies		13,600		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		7,169,382		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		1,159,902		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		559,713		58.00
59.00	Total (sum of amounts on lines 49 through 58)		198,273,158		59.00
60.00	Primary payer payments		107,874		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		198,165,284		61.00
62.00	Deductibles billed to program beneficiaries		6,939,369		62.00
63.00	Coinsurance billed to program beneficiaries		952,145		63.00
64.00	Allowable bad debts (see instructions)		4,059,076		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		2,841,353		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,402,953		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		193,115,123		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (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
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		0		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		193,115,123		71.00
71.01	Sequestration adjustment (see instructions)		965,576		71.01
72.00	Interim payments		185,118,909		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		7,030,638		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,775,608		75.00
	TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part 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		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Hospital	PPS

			before 1/1	on/after 1/1	
		0	1.00	1.01	
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

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet DSH | Date/Time Prepared: 11/20/2013 4:11 pm

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	9.50	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	32.61	0.00			32.61	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	42.11	0.00			32.61	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	539.83	0.00			539.83	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	23.79	0.00			16.12	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	9.50	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	7.27	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	36,329	0			36,329	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,292	0			2,292	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	366	0			366	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	7,273	0			7,273	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	2,790	0			2,790	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	49,050	0			49,050	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	150,408	0			150,408	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	150,408	0			150,408	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	32.61	0.00			32.61	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/20/2013 4:11 pm
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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	23.96		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		23.96		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		23.96		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/20/2013 4:11 pm
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		Revised Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	16.12		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	16.12		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	16.12		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	282,820	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	77,279,426	2.00
3.00	PPS payments	69,213,099	3.00
4.00	Outlier payment (see instructions)	307,322	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.818	5.00
6.00	Line 2 times line 5	63,214,570	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	453,193	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	282,820	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,201,450	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,201,450	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	1,201,450	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	918,630	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	282,820	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	69,973,614	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	91,336	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	13,459,813	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	56,705,285	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	4,600,786	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	4,426	29.00
30.00	Subtotal (sum of lines 27 through 29)	61,310,497	30.00
31.00	Primary payer payments	10,074	31.00
32.00	Subtotal (line 30 minus line 31)	61,300,423	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	8,754	33.00
34.00	Allowable bad debts (see instructions)	5,997,791	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	4,198,454	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,384,538	36.00
37.00	Subtotal (see instructions)	65,507,631	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	65,507,631	40.00
40.01	Sequestration adjustment (see instructions)	327,538	40.01
41.00	Interim payments	62,018,207	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	3,161,886	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet E-1 Part I Date/Time Prepared: 11/20/2013 4:11 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		183,158,210		62,018,207	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	06/03/2013	1,960,699		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)		1,960,699		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)		185,118,909		62,018,207	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		7,996,214		3,489,424	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		193,115,123		65,507,631	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: 140119 Component CCN: 14S119	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part I Date/Time Prepared: 11/20/2013 4:11 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		5,941,466		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)		5,941,466		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		102,936		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,044,402		0	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: 140119 Component CCN: 14T119	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part I Date/Time Prepared: 11/20/2013 4:11 pm
Title XVIII	Subprovider - IRF	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		10,769,695		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)		10,769,695		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		288,076		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		11,057,771		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: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part II Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	28,580	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	50,225	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	2,864	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	146,426	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	3,085,185,796	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	110,550,231	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	2,395,195	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	2,395,195	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,689,855	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	705,340	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part II Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	5,826,513	1.00
2.00	Net IPF PPS Outlier Payments	45,731	2.00
3.00	Net IPF PPS ECT Payments	207,421	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)	11.57	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 §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 inst.)	4.78	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 inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	4.78	8.00
9.00	Average Daily Census (see instructions)	44.868493	9.00
10.00	Indirect Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.053518	10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).	311,823	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,391,488	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)		14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	6,391,488	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	6,391,488	18.00
19.00	Deductibles	337,644	19.00
20.00	Subtotal (line 18 minus line 19)	6,053,844	20.00
21.00	Coinsurance	91,879	21.00
22.00	Subtotal (line 20 minus line 21)	5,961,965	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	5,961,965	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	82,437	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	6,044,402	31.00
31.01	Sequestration adjustment (see instructions)	30,222	31.01
32.00	Interim payments	5,941,466	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	72,714	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	45,731	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	9,309,289	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0727	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	868,557	3.00
4.00	Outlier Payments	176,439	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	5.11	5.00
5.01	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 §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	3.37	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	3.37	9.00
10.00	Average Daily Census (see instructions)	30.613699	10.00
11.00	Indirect Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.	0.074449	11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).	693,067	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	11,047,352	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	11,047,352	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	11,047,352	19.00
20.00	Deductibles	95,688	20.00
21.00	Subtotal (line 19 minus line 20)	10,951,664	21.00
22.00	Coinsurance	76,292	22.00
23.00	Subtotal (line 21 minus line 22)	10,875,372	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	10,875,372	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	182,399	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	11,057,771	32.00
32.01	Sequestration adjustment (see instructions)	55,289	32.01
33.00	Interim payments	10,769,695	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	232,787	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	176,439	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: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			440.41	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			4.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			60.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			495.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			534.47	6.00
7.00	Enter the lesser of line 5 or line 6			495.55	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.	176.57	300.45	477.02	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.	163.71	278.57	442.28	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	163.71	278.57		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	178.00	268.13		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	177.41	267.37		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	173.04	271.36		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	1.00	0.00		16.00
17.00	Adjusted rolling average FTE count	174.04	271.36		17.00
18.00	Per resident amount	92,466.25	92,466.25		18.00
19.00	Approved amount for resident costs	16,092,826	25,091,642	41,184,468	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			38.92	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			41,184,468	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	63,941	2,864		26.00
27.00	Total Inpatient Days (see instructions)	173,977	173,977		27.00
28.00	Ratio of inpatient days to total inpatient days	0.367526	0.016462		28.00
29.00	Program direct GME amount	15,136,363	677,979		29.00
30.00	Reduction for direct GME payments for Medicare managed care		95,798		30.00
31.00	Net Program direct GME amount			15,718,544	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	15,580	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	2,679,993	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.005813	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	761,374	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	4,426	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	181,437,282	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	7,169,382	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	107,874	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	188,498,790	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	78,015,439	42.00
43.00	Primary payer payments (see instructions)	10,074	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	78,005,365	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	266,504,155	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.707302	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.292698	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	15,718,544	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	11,117,758	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,600,786	50.00

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

Provider CCN: 140119

Period: From 07/01/2012 To 06/30/2013

Worksheet G

Date/Time Prepared: 11/20/2013 4:11 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	172,627,358	0	0	0	1.00
2.00	Temporary investments	460,526,678	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	205,200,517	0	0	0	4.00
5.00	Other receivable	47,378,379	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-52,920,280	0	0	0	6.00
7.00	Inventory	21,837,311	0	0	0	7.00
8.00	Prepaid expenses	15,247,560	0	0	0	8.00
9.00	Other current assets	24,724,000	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)	894,621,523	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	17,190,156	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,643,316,710	0	0	0	15.00
16.00	Accumulated depreciation	-918,953,937	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	33,141,746	0	0	0	19.00
20.00	Accumulated depreciation	0	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	368,917,496	0	0	0	23.00
24.00	Accumulated depreciation	0	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	67,262,646	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)	1,210,874,817	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	100,497,391	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	0	15,922,894	455,550,544	49,467,095	34.00
35.00	Total other assets (sum of lines 31-34)	100,497,391	15,922,894	455,550,544	49,467,095	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,205,993,731	15,922,894	455,550,544	49,467,095	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	93,746,966	0	0	0	37.00
38.00	Salaries, wages, and fees payable	119,770,307	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	11,320,000	0	0	0	40.00
41.00	Deferred income	22,919,062	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	138,625,978	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	386,382,313	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	155,773,109	0	0	0	46.00
47.00	Notes payable	501,164,602	0	0	0	47.00
48.00	Unsecured loans	85,241,885	0	0	0	48.00
49.00	Other long term liabilities	96,529,263	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	838,708,859	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	1,225,091,172	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	980,902,559				52.00
53.00	Specific purpose fund		15,922,894			53.00
54.00	Donor created - endowment fund balance - restricted			455,550,544		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				49,467,095	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	980,902,559	15,922,894	455,550,544	49,467,095	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,205,993,731	15,922,894	455,550,544	49,467,095	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet G-1 | Date/Time Prepared: 11/20/2013 4:11 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		806,191,242		36,412,948		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		70,451,235				2.00
3.00	Total (sum of line 1 and line 2)		876,642,477		36,412,948		3.00
4.00	Additions (credit adjustments) (specify)	104,260,082		0		34,053,419	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		104,260,082		0		10.00
11.00	Subtotal (line 3 plus line 10)		980,902,559		36,412,948		11.00
12.00	Deductions (debit adjustments) (specify)	0		20,490,054		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		20,490,054		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		980,902,559		15,922,894		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	421,497,125		51,323,167		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)	421,497,125		51,323,167		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	34,053,419		0		10.00
11.00	Subtotal (line 3 plus line 10)	455,550,544		51,323,167		11.00
12.00	Deductions (debit adjustments) (specify)		1,856,072			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		1,856,072		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	455,550,544		49,467,095		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/20/2013 4:11 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	238,111,656		238,111,656	1.00
2.00	SUBPROVIDER - IPF	35,996,834		35,996,834	2.00
3.00	SUBPROVIDER - IRF	25,029,865		25,029,865	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)	299,138,355		299,138,355	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	58,611,814		58,611,814	14.00
15.00	MEDICAL INTENSIVE CARE UNIT	52,867,229		52,867,229	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	14,631,829		14,631,829	15.01
15.02	PREMATURE INTENSIVE CARE UNIT	58,982,205		58,982,205	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	185,093,077		185,093,077	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	484,231,432		484,231,432	17.00
18.00	Ancillary services	1,348,357,376	13,116,727	1,361,474,103	18.00
19.00	Outpatient services	0	1,239,480,261	1,239,480,261	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	159,879,026	699,673,371	859,552,397	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,992,467,834	1,952,270,359	3,944,738,193	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,406,531,424		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	OAK PARK	109,619,969			31.00
32.00	UNLOCATED	23			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)		109,619,992		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	CONSOLIDATION ENTRY	49,269,614			38.00
39.00	PHILANTHROPHY	5,791,859			39.00
40.00	ROOM 500	2,858,316			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		57,919,789		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,458,231,627		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet G-3 | Date/Time Prepared: 11/20/2013 4:11 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,944,738,193	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,700,078,090	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,244,660,103	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,458,231,627	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-213,571,524	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,455,998	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.)	62,529,866	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	847,365	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	RESEARCH AND OTHER	100,843,762	24.00
24.01	OTHER REVENUES	68,778,866	24.01
24.02	MEDICAID TAX REVENUE	41,370,531	24.02
24.03	PHILANTHROPHY AND SPECIAL ITEMS	5,196,371	24.03
25.00	Total other income (sum of lines 6-24)	284,022,759	25.00
26.00	Total (line 5 plus line 25)	70,451,235	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)	70,451,235	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140119
Component CCN: 142312

Period:
From 07/01/2012
To 06/30/2013

Worksheet I-1
Date/Time Prepared:
11/20/2013 4:11 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	145,410	Hours of Service	5,928.00	2.85	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	30,675	Hours of Service	1,657.00	0.80	4.00
5.00	Social Workers	33,209	Hours of Service	2,077.00	1.00	5.00
6.00	Dieticians	11,044	Hours of Service	557.00	0.27	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	78,554	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	298,892				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	20	Percentage of Time			13.00
14.00	Supplies	115,591	Requisitions			14.00
15.00	Drugs	30,482	Requisitions			15.00
16.00	Other	33,289	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	478,274				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	73,908	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	3,698	Percentage of Time			19.00
20.00	Employee Benefits Department	81,577	Salary			20.00
21.00	Administrative & General	103,782	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	67,067	Square Feet			22.00
23.00	Medical Education Program Costs	15,580				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	23,909	Requisitions			25.00
26.00	Other Allocated Costs	41,188	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	888,983				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	888,983				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2012 To 06/30/2013

Worksheet I-2

Date/Time Prepared: 11/20/2013 4:11 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	140,975	3,718	145,410	74,928	81,577	54,391	1.00
	MAINTENANCE							
2.00	Hemodialysis	140,975	3,607	56,986	29,364	31,970	10,203	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCDP	0	37	78,165	40,278	43,852	42,351	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	74	10,259	5,286	5,755	1,837	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						33,200	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	140,975	3,718	145,410	74,928	81,577	54,391	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 cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	115,591	0	616,590	256,813	873,403		1.00
	MAINTENANCE							
2.00	Hemodialysis	45,300	0	318,405	132,618	451,023		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCDP	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCDP	62,136	0	266,819	111,131	377,950		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	8,155	0	31,366	13,064	44,430		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	115,591	0	616,590	256,813	873,403		17.00
18.00	Medical Educational Program Costs					15,580		18.00
19.00	Total Renal Costs (line 17 + line 18)					888,983		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2012 To 06/30/2013

Worksheet I-3
Date/Time Prepared: 11/20/2013 4:11 pm

Renal Dialysis

			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		140,975	3,718	145,410	74,928	81,577	1.00
	MAINTENANCE							
2.00	Hemodialysis		1,088	97.00	93,264.00	45,436.00	95,677	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCDP		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCDP		0	1.00	127,926.00	62,322.00	131,236	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	163	0	2.00	16,790.00	8,179.00	17,224	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		1,088	100.00	237,980.00	115,937.00	244,137	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		129.572610	37.180000	0.611018	0.646282	0.334144	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	54,391	115,591	0	616,590	256,813		1.00
	MAINTENANCE							
2.00	Hemodialysis	11,946	45,300	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCDP	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCDP	16,386	62,136	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	2,151	8,155	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	33,200						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	63,683	115,591	0		616,590		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.854090	1.000000	0.000000		0.416505		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2012 To 06/30/2013

Worksheet I-4
Date/Time Prepared: 11/20/2013 4:11 pm

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
1.00	Maintenance - Hemodialysis	851	451,023	529.99	0	356	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	10	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	1,181	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks	Patient Weeks (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	120	377,950	3,149.58	0	24	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	2,042	828,973		0	356	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	2,402					12.00

		Number of Program Treatments (on/after Jan. 1)	Total Program Expenses (see instructions)	Total Program Payment	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
1.00	Maintenance - Hemodialysis	356	377,353	0	67,642	67,642	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0	0	2.00
3.00	Training - Hemodialysis	0	0	0	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0	0	8.00
		Patient Weeks (on/after Jan. 1)			(prior to Jan. 1)	(on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	24	151,180	0	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	356	528,533	0	67,642	67,642	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

		Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)			
		7.00	7.01	7.02			
1.00	Maintenance - Hemodialysis	171.24	190.01	190.01			1.00
2.00	Maintenance - Peritoneal Dialysis	0.00	0.00	0.00			2.00
3.00	Training - Hemodialysis	0.00	0.00	0.00			3.00
4.00	Training - Peritoneal Dialysis	0.00	0.00	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0.00	0.00	0.00			6.00
7.00	Home Program - Hemodialysis	0.00	0.00	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0.00	0.00	0.00			8.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 140119 Component CCN: 142312	Period: From 07/01/2012 To 06/30/2013	Worksheet I-4 Date/Time Prepared: 11/20/2013 4:11 pm
	Rate 0	Renal Dialysis	

		7.00	7.01	7.02		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0.00	0.00	0.00		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 140119 | Period: From 07/01/2012 To 06/30/2013 | Worksheet I-5 | Date/Time Prepared: 11/20/2013 4:11 pm

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	528,533		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)	67,642	66,340	2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)	67,642	65,689	2.02
2.03	Total payment due (see instructions)	135,284	132,029	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	8,754	8,754	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	8,754	8,754	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	-8,754	-8,754	8.00
9.00	Program payment (see instructions)	0	105,623	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	537,287	431,664	10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	8,754		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	862,173		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	828,973		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.961493		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140119	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/20/2013 4:11 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	7,787,178	1.00
2.00	Capital DRG outlier payments	420,765	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	401.17	3.00
4.00	Number of interns & residents (see instructions)	480.13	4.00
5.00	Indirect medical education percentage (see instructions)	40.18	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	3,128,888	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	9.50	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	32.61	8.00
9.00	Sum of lines 7 and 8	42.11	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.90	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	693,059	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	12,029,890	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00