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

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 6/2/2014 7:47 am

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 6/2/2014 Time: 7:47 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 INDIANA UNIVERSITY HEALTH (150056) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 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

	Cost Center Description	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	7,598,023	3,627,336	172,300	0	1.00
2.00	Subprovider - IPF	0	58,684	39		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		2,338		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	7,656,707	3,629,713	172,300	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: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 340 W 10TH ST	PO Box:			1.00
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	County: MARION	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	INDIANA UNIVERSITY HEALTH	150056	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	CLARIAN BEHAVIORAL CARE CTR.	15S056	26900	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
10.01	ICF/MR									10.01
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CLARIAN HOME CARE-INDIANAPOLIS	157158	26900		08/05/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	YELLOW ROSE UNIT	151511	26900		07/01/1966				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC	HEALTHNET BARRINGTON	151804	26900		07/01/1966	N	O	N	16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis	CLARIAN DIALYSIS	153510	26900		01/01/1997				18.00
18.01		CLARIAN	153515	26900		04/26/2002				18.01
18.02		CLARIAN HEALTH PARTNERS	153521	26900		01/30/2009				18.02
18.03		METHODIST DIALYSIS	153522	26900		04/09/2007				18.03
18.04										18.04
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2013	12/31/2013	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
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	47,985	20,697	321	1,047	49,199	0	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.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		39.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			22.00	22.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		176.12	175.75			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		169.79	168.87			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)		193.01	197.94			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).		193.58	192.42			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)		0.57	-5.52			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01

Teaching Hospitals that Claim Residents in 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)	153.29	237.42	0.392337	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	11.05	18.79	0.370308	65.00
65.01		INTERNAL MEDICINE GENERAL	1400	19.19	32.62	0.370392	65.01
65.02		INTERNAL MEDICINE GERIATRIC	1408	0.38	0.65	0.368932	65.02
65.03		INTERNAL MEDICINE & PEDIATRICS	1450	11.17	18.99	0.370358	65.03
65.04		OBSTETRICS & GYNECOLOGY	1750	9.46	16.08	0.370399	65.04
65.05		PEDIATRICS GENERAL	2000	23.65	40.21	0.370341	65.05
65.06		PEDIATRIC/EMERGENCY MEDICINE	2800	2.86	4.86	0.370466	65.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

		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)	11.79	471.21	0.024410	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	4.11	27.28	0.130933	67.00
67.01		INTERNAL MEDICINE GENERAL	1400	0.33	45.73	0.007165	67.01
67.02		INTERNAL MEDICINE GERIATRIC	1408	0.00	1.26	0.000000	67.02
67.03		INTERNAL MEDICINE & PEDIATRICS	1450	1.01	29.58	0.033017	67.03
67.04		PEDIATRICS GENERAL	2000	1.33	59.16	0.021987	67.04
67.05				0.00	0.00	0.000000	67.05
67.06				0.00	0.00	0.000000	67.06

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have 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.	N			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)			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on 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)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	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.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	5,422,136	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1996		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/11/1993		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995		129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

		1.00	2.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	06/07/2005		131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00

		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

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

		1.00	
	Multicampus		
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	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under 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)	0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

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

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	05/15/2014	Y	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: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 6/1/2014 7:02 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.		N		N	21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been 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	Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	Y	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	Y	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	Y		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRIAN	JACKSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1035	BJACKSON1@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 6/1/2014 7:02 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)	05/15/2014			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 - REVENUE & REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 6/1/2014 7:02 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	1,004	366,460	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)		1,004	366,460	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	73	26,645	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	52	18,980	0.00	0	9.00
9.01	NEONATAL INTENSIVE CARE UNIT	32.01	35	12,775	0.00	0	9.01
10.00	BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01	SURGICAL INTENSIVE CARE UNIT	34.01	0	0	0.00	0	11.01
11.02	UH SURG 6IC	34.02	18	6,570	0.00	0	11.02
11.03	UH NS 3IC	34.03	0	0	0.00	0	11.03
11.04	RH PED IC	34.04	33	12,045	0.00	0	11.04
11.05	TRANSPLANT ICU	34.05	8	2,920	0.00	0	11.05
11.06	PEDS CANCER CARE	34.06	10	3,650	0.00	0	11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,243	453,695	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	23	8,395		0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
20.01	ICF/MR	45.01	0	0	0.00	0	20.01
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	48,309			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		1,266				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)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 6/1/2014 7:02 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)	76,232	36,273	254,847			1.00
2.00	HMO and other (see instructions)	21,737	69,686				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	76,232	36,273	254,847			7.00
8.00	INTENSIVE CARE UNIT	6,754	2,872	20,129			8.00
9.00	CORONARY CARE UNIT	5,772	2,023	14,220			9.00
9.01	NEONATAL INTENSIVE CARE UNIT	0	1,165	8,176			9.01
10.00	BURN INTENSIVE CARE UNIT	0	303	2,137			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.01
11.02	UH SURG 6IC	2,119	691	4,852			11.02
11.03	UH NS 3IC	0	0	0			11.03
11.04	RH PED IC	14	1,224	8,591			11.04
11.05	TRANSPLANT ICU	816	361	2,526			11.05
11.06	PEDS CANCER CARE	43	248	1,757			11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		3,111	11,157			13.00
14.00	Total (see instructions)	91,750	48,271	328,392	575.68	8,367.39	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,532	1,057	6,528	0.10	54.22	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
20.01	ICF/MR	0	0	0	0.00	0.00	20.01
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	28,405	9,614	66,745	0.00	309.56	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	36,970	4,428	48,309	0.00	65.86	24.00
24.10	HOSPICE (non-distinct part)	0	0	973			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	6,441	0	22,578	0.00	60.28	26.25
27.00	Total (sum of lines 14-26)				575.78	8,857.31	27.00
28.00	Observation Bed Days		7,472	18,905			28.00
29.00	Ambulance Trips	447					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	1,292	1,623			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 6/1/2014 7:02 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	14,609	7,330	53,771	1.00
2.00	HMO and other (see instructions)			3,598			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NEONATAL INTENSIVE CARE UNIT						9.01
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
11.01	SURGICAL INTENSIVE CARE UNIT						11.01
11.02	UH SURG 6IC						11.02
11.03	UH NS 3IC						11.03
11.04	RH PED IC						11.04
11.05	TRANSPLANT ICU						11.05
11.06	PEDS CANCER CARE						11.06
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	14,609	7,330	53,771	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	159	149	921	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
20.01	ICF/MR	0.00	0	0	0	0	20.01
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part II Date/Time Prepared: 6/1/2014 7:02 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	595,753,141	-3,456,591	592,296,550	19,588,578.00	30.24	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		576,003	0	576,003	4,240.00	135.85	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		505,791	0	505,791	2,312.00	218.77	5.00
6.00	Non-physician-Part B		3,163,938	0	3,163,938	125,373.00	25.24	6.00
7.00	Interns & residents (in an approved program)	21.00	29,490,593	0	29,490,593	1,197,406.00	24.63	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)		68,797,999	-968,588	67,829,411	2,166,205.00	31.31	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,148,742	0	1,148,742	22,466.00	51.13	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		320,203	0	320,203	3,932.00	81.44	13.00
14.00	Home office salaries & wage-related costs		169,637,261	0	169,637,261	4,337,867.00	39.11	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)		122,467,101	0	122,467,101			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		18,221,579	0	18,221,579			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		74,960	0	74,960			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		56,744	0	56,744			23.00
24.00	Wage-related costs (RHC/FQHC)		698,075	0	698,075			24.00
25.00	Interns & residents (in an approved program)		6,103,979	0	6,103,979			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	3,167,294	0	3,167,294	2,077.00	1,524.94	26.00
27.00	Administrative & General	5.00	13,892,153	-35,596	13,856,557	472,304.00	29.34	27.00
28.00	Administrative & General under contract (see inst.)		6,482,585	0	6,482,585	104,464.00	62.06	28.00
29.00	Maintenance & Repairs	6.00	335,017	0	335,017	12,076.00	27.74	29.00
30.00	Operation of Plant	7.00	1,719,771	0	1,719,771	134,176.00	12.82	30.00
31.00	Laundry & Linen Service	8.00	1,012	0	1,012	95.00	10.65	31.00
32.00	Housekeeping	9.00	326,102	0	326,102	24,665.00	13.22	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	8,677,418	-161,777	8,515,641	393,617.00	21.63	34.00
35.00	Dietary under contract (see instructions)		9,100	0	9,100	91.00	100.00	35.00
36.00	Cafeteria	11.00	106,338	0	106,338	6,886.00	15.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	15,941,220	0	15,941,220	483,037.00	33.00	38.00
39.00	Central Services and Supply	14.00	2,628,058	0	2,628,058	141,736.00	18.54	39.00
40.00	Pharmacy	15.00	28,828,411	-531,437	28,296,974	706,271.00	40.07	40.00
41.00	Medical Records & Medical Records Library	16.00	330,389	0	330,389	12,720.00	25.97	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056

Period:
From 01/01/2013
To 12/31/2013

Worksheet S-3
Part II
Date/Time Prepared:
6/1/2014 7:02 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	6,277,416	-1,928,361	4,349,055	168,870.00	25.75	42.00
43.00	Other General Service	18.00	1,832,666	0	1,832,666	120,234.00	15.24	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150056

Period:
From 01/01/2013
To 12/31/2013

Worksheet S-3
Part III
Date/Time Prepared:
6/1/2014 7:02 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)		569,084,504	-3,456,591	565,627,913	18,368,042.00	30.79	1.00
2.00	Excluded area salaries (see instructions)		68,797,999	-968,588	67,829,411	2,166,205.00	31.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)		500,286,505	-2,488,003	497,798,502	16,201,837.00	30.72	3.00
4.00	Subtotal other wages & related costs (see inst.)		171,106,206	0	171,106,206	4,364,265.00	39.21	4.00
5.00	Subtotal wage-related costs (see inst.)		122,542,061	0	122,542,061	0.00	24.62	5.00
6.00	Total (sum of lines 3 thru 5)		793,934,772	-2,488,003	791,446,769	20,566,102.00	38.48	6.00
7.00	Total overhead cost (see instructions)		90,554,950	-2,657,171	87,897,779	2,783,319.00	31.58	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part IV Date/Time Prepared: 6/1/2014 7:02 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	38,143,392	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	670,703	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	23,345	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)	56,523,630	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,412,476	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	698,795	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)	1,326,373	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	700,443	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	41,306,246	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	4,758,652	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	2,058,382	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	147,622,437	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part V Date/Time Prepared: 6/1/2014 7:02 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	1,148,742	0	1.00
2.00	Hospital	1,148,742	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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 150056
Component CCN: 157158

Period: From 01/01/2013 To 12/31/2013

Worksheet S-4
Date/Time Prepared: 6/1/2014 7:02 pm

		Home Health Agency I	PPS
		1.00	
0.00	County	MARION	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	12,067	5,321	1,174	18,562	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,647.00	0.00	0.00	0.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		2.50	0.00	2.50	4.00
5.00	Other Administrative Personnel		111.53	0.00	111.53	5.00
6.00	Direct Nursing Service		67.23	0.00	67.23	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		20.43	0.00	20.43	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		3.59	0.00	3.59	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.62	0.00	0.62	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		1.70	0.00	1.70	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		8.92	0.00	8.92	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	INFUSION AND RT		93.15	0.00	93.15	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		9			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		11300			20.00
20.01			14020			20.01
20.02			23844			20.02
20.03			26900			20.03
20.04			29020			20.04
20.05			29140			20.05
20.06			34620			20.06
20.07			43780			20.07
20.08			99915			20.08

		Full Episodes Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	11,748	798	663	377	13,586	21.00
22.00	Skilled Nursing Visit Charges	2,252,405	158,000	115,601	72,600	2,598,606	22.00
23.00	Physical Therapy Visits	7,773	58	290	239	8,360	23.00
24.00	Physical Therapy Visit Charges	1,793,286	12,925	60,160	55,460	1,921,831	24.00
25.00	Occupational Therapy Visits	1,801	9	25	57	1,892	25.00
26.00	Occupational Therapy Visit Charges	415,245	2,115	5,875	12,925	436,160	26.00
27.00	Speech Pathology Visits	262	1	1	9	273	27.00
28.00	Speech Pathology Visit Charges	61,100	235	235	2,115	63,685	28.00
29.00	Medical Social Service Visits	312	13	6	7	338	29.00
30.00	Medical Social Service Visit Charges	73,085	3,055	1,410	1,645	79,195	30.00
31.00	Home Health Aide Visits	3,468	325	18	145	3,956	31.00
32.00	Home Health Aide Visit Charges	362,670	34,125	1,785	15,225	413,805	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	25,364	1,204	1,003	834	28,405	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,957,791	210,455	185,066	159,970	5,513,282	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,632		344	57	2,033	36.00
37.00	Total Number of Outlier Episodes		28		4	32	37.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 150056 Component CCN: 157158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-4 Date/Time Prepared: 6/1/2014 7:02 pm
		Home Health Agency I	PPS

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-5 | Date/Time Prepared: 6/1/2014 7:02 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	203	0	0	0	128	1.00
2.00	Number of times per week patient receives dialysis	3.00	3.00	5.00	7.00	6.00	7.00	2.00
3.00	Average patient dialysis time including setup	5.00	5.00	5.00	3.00			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	312	312					5.00
6.00	Number of stations	0	55	0	0			6.00
7.00	Treatment capacity per day per station	0	3					7.00
8.00	Utilization (see instructions)	0.00	69.00					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	84		11.00
12.00	Number of patients transplanted during the cost reporting period	22		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)	DARBEPOETIN	339,990	489,823	47,225	68,037	22.00
22.01		EPOETIN	751,246	1,181	1,017,588	1,600	22.01

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

Provider CCN: 150056
Component CCN: 151804

Period:
From 01/01/2013
To 12/31/2013

Worksheet S-8

Date/Time Prepared:
6/1/2014 7:02 pm

		FQHC I	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	3401 EAST RAYMOND STREET	1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	INDIANAPOLIS	IN	46203	2.00

		1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban	1	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00
9.01		0		9.01
9.02		0		9.02
9.03		0		9.03
9.04		0		9.04
9.05		0		9.05
9.06		0		9.06
9.07		0		9.07
9.08		0		9.08
9.09		0		9.09
9.10		0		9.10

		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	Y	1	10.00

		Sunday		Monday		Tuesday	
		from	to	from	to	from	
		1.00	2.00	3.00	4.00	5.00	
	Facility hours of operations (1)						
11.00	Clinic			08:00	17:00	08:00	11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00

		Y/N	V	XVIII	XIX	Total Visits	
		1.00	2.00	3.00	4.00	5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)		0	0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150056 Component CCN: 151804	Period: From 01/01/2013 To 12/31/2013	Worksheet S-8 Date/Time Prepared: 6/1/2014 7:02 pm
		FQHC I	Cost

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

HOSPITAL IDENTIFICATION DATA	Provider CCN: 150056 Component CCN: 151511	Period: From 01/01/2013 To 12/31/2013	Worksheet S-9 Parts I & II Date/Time Prepared: 6/1/2014 7:02 pm
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	1	0	0	0	1	1.00
2.00	Routine Home Care	35,853	4,251	3,171	0	6,580	46,684	2.00
3.00	Inpatient Respite Care	332	16	4	0	50	398	3.00
4.00	General Inpatient Care	785	160	0	0	281	1,226	4.00
5.00	Total Hospice Days	36,970	4,428	3,175	0	6,911	48,309	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	836	105	47	0	217	1,158	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	44.22	42.17	67.55	0.00	31.85	41.72	8.00
9.00	Unduplicated Census Count	1,022	92	47	0	196	1,310	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 6/1/2014 7:02 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)	0.252126	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	347,862,281	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	1,414,045,621	6.00
7.00	Medicaid cost (line 1 times line 6)	356,517,666	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)	8,655,385	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)	6,030,677	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	38,903,940	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	9,808,695	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)	3,778,018	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	12,433,403	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	264,498,413	49,890,858	314,389,271	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	66,686,927	12,578,782	79,265,709	21.00
22.00	Partial payment by patients approved for charity care	1,287,273	2,547,764	3,835,037	22.00
23.00	Cost of charity care (line 21 minus line 22)	65,399,654	10,031,018	75,430,672	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)	103,806,880	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	7,837,875	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	95,969,005	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	24,196,281	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	99,626,953	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	112,060,356	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 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	NEW CAP REL COSTS-BLDG & FIXT		0	0	1,309,627	1,309,627	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		0	0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	34,872,334	34,872,334	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,167,294	4,901,346	8,068,640	125,133,409	133,202,049	4.00
5.01	00510	NONPATIENT TELEPHONES	0	132,854	132,854	69,125	201,979	5.01
5.02	00511	DATA PROCESSING	36,881	55,080	91,961	0	91,961	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	9,876	600,922	610,798	-445,089	165,709	5.03
5.04	00513	ADMITTING	0	44,020	44,020	-121	43,899	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	13,845,396	340,323,344	354,168,740	-3,828,883	350,339,857	5.06
6.00	00600	MAINTENANCE & REPAIRS	335,017	2,100,045	2,435,062	-95,162	2,339,900	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	1,719,771	1,929,235	3,649,006	-729,530	2,919,476	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,012	90,884	91,896	-87,908	3,988	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	326,102	277,903	604,005	-105,525	498,480	9.03
10.00	01000	DIETARY	8,677,418	5,442,872	14,120,290	-2,426,081	11,694,209	10.00
11.00	01100	CAFETERIA	106,338	244,345	350,683	-42,389	308,294	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,941,220	6,916,643	22,857,863	-4,616,081	18,241,782	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,628,058	7,296,176	9,924,234	115,856,967	125,781,201	14.00
15.00	01500	PHARMACY	28,828,411	88,838,242	117,666,653	-39,066,576	78,600,077	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	330,389	1,144,728	1,475,117	-80,932	1,394,185	16.00
17.00	01700	SOCIAL SERVICE	6,277,416	1,918,265	8,195,681	-1,038,138	7,157,543	17.00
18.00	01850	PATIENT TRANSPORTATION	1,832,666	1,104,696	2,937,362	-951,111	1,986,251	18.00
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	29,490,593	10,211,709	39,702,302	-52	39,702,250	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	572,802	4,539,576	5,112,378	-152,720	4,959,658	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	129,859	117,294	247,153	-53,769	193,384	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	305,015	93,716	398,731	544,188	942,919	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	377,233	188,029	565,262	-99,596	465,666	23.03
23.04	02304	PARAMED EMERGENCY	204,358	62,888	267,246	-11,593	255,653	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	561,480	156,393	717,873	-154,106	563,767	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	230,027	66,971	296,998	230,394	527,392	23.06
23.07	02307	PARAMED PHARMACY	615,994	260,671	876,665	397,348	1,274,013	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	20	20	0	20	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	137,867	48,504	186,371	59,644	246,015	23.09
23.10	02310	PARAMED PHARMACY TECH	194,657	71,630	266,287	-11,524	254,763	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	129,629,357	64,668,891	194,298,248	-55,552,567	138,745,681	30.00
31.00	03100	INTENSIVE CARE UNIT	13,709,675	6,770,726	20,480,401	-5,404,020	15,076,381	31.00
32.00	03200	CORONARY CARE UNIT	10,377,015	5,693,041	16,070,056	-4,579,672	11,490,384	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	4,282,369	1,823,205	6,105,574	-1,419,370	4,686,204	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,385,606	583,637	1,969,243	-414,474	1,554,769	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	3,464,880	2,253,666	5,718,546	-1,846,487	3,872,059	34.02
34.03	03402	UH NS 3IC	0	4,668	4,668	-4,668	0	34.03
34.04	03403	RH PED IC	7,666,254	4,026,500	11,692,754	-3,209,054	8,483,700	34.04
34.05	03404	TRANSPLANT ICU	1,926,985	1,040,533	2,967,518	-819,907	2,147,611	34.05
34.06	03407	PEDS CANCER CARE	1,197,740	650,489	1,848,229	-430,775	1,417,454	34.06
40.00	04000	SUBPROVIDER - IPF	3,170,353	2,041,224	5,211,577	-737,525	4,474,052	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,221,967	1,067,559	3,289,526	832,033	4,121,559	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,632,978	110,739,528	141,372,506	-103,689,885	37,682,621	50.00
50.01	05001	ENDOSCOPY	1,106,680	1,286,792	2,393,472	-1,073,253	1,320,219	50.01
51.00	05100	RECOVERY ROOM	5,625,603	2,298,029	7,923,632	-1,785,362	6,138,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,781,110	7,781,110	52.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 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	
53.00	05300	ANESTHESIOLOGY	1,411,453	14,626,627	16,038,080	-5,066,020	10,972,060	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,522,875	1,531,865	4,054,740	-1,124,083	2,930,657	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,896,553	34,255,484	60,152,037	-24,142,974	36,009,063	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,351,584	3,026,497	7,378,081	-2,208,892	5,169,189	55.00
56.00	05600	RADIOISOTOPE	852,791	4,947,226	5,800,017	-4,772,820	1,027,197	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	880,245	4,942,419	5,822,664	-4,771,275	1,051,389	59.00
60.00	06000	LABORATORY	31,470,351	60,728,972	92,199,323	-35,214,081	56,985,242	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	896,016	2,787,542	3,683,558	-1,368,734	2,314,824	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	935,354	1,372,285	2,307,639	-1,254,423	1,053,216	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,087,457	14,134,288	17,221,745	-13,894,955	3,326,790	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	19,616,859	10,852,703	30,469,562	-9,179,365	21,290,197	65.00
66.00	06600	PHYSICAL THERAPY	10,928,383	4,902,214	15,830,597	-3,172,810	12,657,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,210,105	811,918	3,022,023	-627,284	2,394,739	67.00
68.00	06800	SPEECH PATHOLOGY	3,132,880	3,420,947	6,553,827	-3,133,320	3,420,507	68.00
69.00	06900	ELECTROCARDIOLOGY	2,531,437	3,160,967	5,692,404	-894,093	4,798,311	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,837,212	2,653,320	6,490,532	-1,588,008	4,902,524	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	192,239	233,987	426,226	34,349,622	34,775,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	60,197,532	60,197,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	137,297,780	137,297,780	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	7,060,601	46,945,746	54,006,347	-44,919,531	9,086,816	73.03
74.00	07400	RENAL DIALYSIS	6,275,635	6,441,752	12,717,387	-5,245,633	7,471,754	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	510,207	213,737	723,944	-169,742	554,202	76.00
76.01	03021	CARDIOLOGY	2,036,692	9,978,828	12,015,520	-8,152,671	3,862,849	76.01
76.02	03022	PSYCH OTHER ANCILLARY	172,039	1,896,890	2,068,929	-43,521	2,025,408	76.02
76.03	03023	CARDIAC CATHERIZATION	4,273,953	11,231,167	15,505,120	-6,699,530	8,805,590	76.03
76.04	03024	DAY SURGERY	4,140,268	1,845,566	5,985,834	-1,425,442	4,560,392	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	27,282	3,686	30,968	-1,635	29,333	76.08
76.97	07697	CARDIAC REHABILITATION	278,893	254,920	533,813	-71,420	462,393	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	3,190,298	1,653,738	4,844,036	-80,791	4,763,245	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,071,221	1,167,957	3,239,178	-977,238	2,261,940	90.01
90.02	09002	IUSCC HEM/ONC	25,383,971	60,017,194	85,401,165	-53,955,888	31,445,277	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	225,317	838,702	1,064,019	-806,331	257,688	90.03
90.04	09004	AMB SVC-PSYCH ADULT	375,336	143,279	518,615	-101,954	416,661	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	306	306	-119	187	90.05
90.06	09006	OUTPATIENT SURGERY	2,151,158	1,047,587	3,198,745	-756,823	2,441,922	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,315,886	2,756,011	7,071,897	-2,412,051	4,659,846	90.07
90.08	09008	MOTILITY LAB	102,346	121,355	223,701	-109,403	114,298	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	22,190	1,047,855	1,070,045	-6,433	1,063,612	90.10
90.11	09023	SLEEP LAB	249,774	248,200	497,974	2,902,003	3,399,977	90.11
90.12	09024	OP CARE ADULTS	265,781	116,868	382,649	-90,833	291,816	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	150,766	6,262,365	6,413,131	-6,176,455	236,676	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	796,206	486,308	1,282,514	-426,942	855,572	90.17
90.18	09016	DERMATOLOGY CLINIC	575,158	380,941	956,099	-317,094	639,005	90.18
90.19	09017	INFUSION/HEM/ONC	661,479	549,260	1,210,739	-171,598	1,039,141	90.19
90.20	09025	IUMG - MH	347,116	161,944	509,060	-132,699	376,361	90.20
90.21	09019	OP REHAB CLINIC	137,527	323,648	461,175	-311,343	149,832	90.21
90.22	09020	EATING DISORDERS CLINIC	824,017	797,428	1,621,445	-235,897	1,385,548	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	518,819	374,855	893,674	-211,434	682,240	90.23
91.00	09100	EMERGENCY	17,707,643	16,443,344	34,150,987	-8,281,772	25,869,215	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 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	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	714,698	3,284,855	3,999,553	-2,826,934	1,172,619	94.00
95.00	09500	AMBULANCE SERVICES	7,214,658	16,234,235	23,448,893	-3,868,951	19,579,942	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	25,348,341	27,621,110	52,969,451	-15,114,297	37,855,154	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,510,909	11,032,607	15,543,516	-4,401,932	11,141,584	105.00
106.00	10600	HEART ACQUISITION	517,249	1,602,691	2,119,940	-409,482	1,710,458	106.00
107.00	10700	LIVER ACQUISITION	1,176,862	7,464,905	8,641,767	-498,852	8,142,915	107.00
108.00	10800	LUNG ACQUISITION	684,483	2,955,066	3,639,549	-480,858	3,158,691	108.00
109.00	10900	PANCREAS ACQUISITION	332,571	2,229,905	2,562,476	-155,451	2,407,025	109.00
110.00	11000	INTESTINE ACQUISITION	236,013	843,614	1,079,627	-145,336	934,291	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	167,843	72,272	240,115	-39,307	200,808	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	3,740,363	3,740,363	112.01
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	5,688,312	5,688,312	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	573,785,612	1,099,609,447	1,673,395,059	13,651,126	1,687,046,185	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	788	788	-639	149	190.00
191.00	19100	RESEARCH	3,263,841	1,454,629	4,718,470	-1,062,441	3,656,029	191.00
191.01	19101	RESEARCH-GCRC	0	35,881	35,881	-37,563	-1,682	191.01
191.02	19102	OSA	1,898,638	5,649,870	7,548,508	-754,900	6,793,608	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	114,864	3,740,225	3,855,089	-45,545	3,809,544	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	7,458,132	22,478,677	29,936,809	-8,045,760	21,891,049	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	3,385,661	24,881,310	28,266,971	-1,744,164	26,522,807	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	720	468,850	469,570	-26	469,544	192.03
192.04	19204	MHH RADIOLOGY	100,381	32,410	132,791	-20,096	112,695	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	30,470	353,261	383,731	-4,795	378,936	192.06
192.07	19207	RHI	150,306	222,007	372,313	-141,064	231,249	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	4,635,009	21,452,167	26,087,176	-287,773	25,799,403	192.08
192.09	19209	ARTHRITIS CLINIC - NR	33,994	1,315,450	1,349,444	-1,271,281	78,163	192.09
192.10	19212	CARDIO PHYSICIANS	895,513	888,400	1,783,913	-235,079	1,548,834	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	595,753,141	1,182,583,372	1,778,336,513	0	1,778,336,513	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	37,470,788	38,780,415		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	26,762,974	61,635,308		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,158,529	135,360,578		4.00
5.01	00510	NONPATIENT TELEPHONES	-69,125	132,854		5.01
5.02	00511	DATA PROCESSING	61,204,187	61,296,148		5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	12,793,452	12,959,161		5.03
5.04	00513	ADMITTING	10,841,520	10,885,419		5.04
5.05	00514	CASHIERING	31,670,029	31,670,029		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-242,712,913	107,626,944		5.06
6.00	00600	MAINTENANCE & REPAIRS	21,223,564	23,563,464		6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0		6.03
7.00	00700	OPERATION OF PLANT	73,495,480	76,414,956		7.00
7.01	00701	IU LEASED SPACE	0	0		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,988		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,291,112	3,291,112		9.01
9.02	00902	HOUSEKEEPING - RILEY	2,716,747	2,716,747		9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,293,305	5,791,785		9.03
10.00	01000	DIETARY	-1,519,826	10,174,383		10.00
11.00	01100	CAFETERIA	1,549,366	1,857,660		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	4,405,831	22,647,613		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-135,327	125,645,874		14.00
15.00	01500	PHARMACY	-2,925,177	75,674,900		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,158,325	9,552,510		16.00
17.00	01700	SOCIAL SERVICE	-354,943	6,802,600		17.00
18.00	01850	PATIENT TRANSPORTATION	0	1,986,251		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-50,000	39,652,250		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,850,270	11,809,928		22.00
23.00	02300	PARAMED ED PRGM	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	-20,164	173,220		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	-154,874	788,045		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	-465,666	0		23.03
23.04	02304	PARAMED EMERGENCY	-74,383	181,270		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	-17,098	546,669		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	-98,802	428,590		23.06
23.07	02307	PARAMED PHARMACY	6,243	1,280,256		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	20		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	-39,889	206,126		23.09
23.10	02310	PARAMED PHARMACY TECH	-17,743	237,020		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-4,197,219	134,548,462		30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,076,381		31.00
32.00	03200	CORONARY CARE UNIT	0	11,490,384		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	-32,805	4,653,399		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	729	1,555,498		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0		34.01
34.02	03401	UH SURG 6IC	-15,806	3,856,253		34.02
34.03	03402	UH NS 3IC	0	0		34.03
34.04	03403	RH PED IC	-30,680	8,453,020		34.04
34.05	03404	TRANSPLANT ICU	0	2,147,611		34.05
34.06	03407	PEDS CANCER CARE	-59,167	1,358,287		34.06
40.00	04000	SUBPROVIDER - IPF	-997,582	3,476,470		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	-169,941	3,951,618		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
45.00	04500	NURSING FACILITY	0	0		45.00
45.01	04510	ICF/MR	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,587,295	36,095,326		50.00
50.01	05001	ENDOSCOPY	0	1,320,219		50.01
51.00	05100	RECOVERY ROOM	-26	6,138,244		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,781,110		52.00
53.00	05300	ANESTHESIOLOGY	-9,342,332	1,629,728		53.00
53.01	05301	PULMONARY FUNCTION TESTING	-12,344	2,918,313		53.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,120,094	34,888,969		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-385,695	4,783,494		55.00
56.00	05600	RADIOISOTOPE	-1,046	1,026,151		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	-18,542	1,032,847		59.00
60.00	06000	LABORATORY	-38,229,711	18,755,531		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	-54,490	2,260,334		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,652	1,054,868		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-3,746	3,323,044		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	-24	21,290,173		65.00
66.00	06600	PHYSICAL THERAPY	-89,806	12,567,981		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,394,739		67.00
68.00	06800	SPEECH PATHOLOGY	0	3,420,507		68.00
69.00	06900	ELECTROCARDIOLOGY	-2,552,811	2,245,500		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-325,239	4,577,285		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,775,848		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	60,197,532		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	137,297,780		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	-675,544	8,411,272		73.03
74.00	07400	RENAL DIALYSIS	-133,956	7,337,798		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	554,202		76.00
76.01	03021	CARDIOLOGY	-61,962	3,800,887		76.01
76.02	03022	PSYCH OTHER ANCILLARY	-1,821,420	203,988		76.02
76.03	03023	CARDIAC CATHERIZATION	-2,757,992	6,047,598		76.03
76.04	03024	DAY SURGERY	0	4,560,392		76.04
76.05	03025	ONCOLOGY	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.08	03028	ECMO-ADULT	0	29,333		76.08
76.97	07697	CARDIAC REHABILITATION	-2,693	459,700		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	-314,514	4,448,731		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	-55,841	2,206,099		90.01
90.02	09002	IUSCC HEM/ONC	-357,520	31,087,757		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	-11	257,677		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	416,661		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	187		90.05
90.06	09006	OUTPATIENT SURGERY	-88,862	2,353,060		90.06
90.07	09007	AMB SVC-RILEY CLINICS	-2,964,614	1,695,232		90.07
90.08	09008	MOTILITY LAB	-19,752	94,546		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	-1,033,463	30,149		90.10
90.11	09023	SLEEP LAB	-30,854	3,369,123		90.11
90.12	09024	OP CARE ADULTS	0	291,816		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	-24	236,652		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	-22	855,550		90.17
90.18	09016	DERMATOLOGY CLINIC	-4,165	634,840		90.18
90.19	09017	INFUSION/HEM/ONC	-355	1,038,786		90.19
90.20	09025	IUMG - MH	0	376,361		90.20
90.21	09019	OP REHAB CLINIC	0	149,832		90.21
90.22	09020	EATING DISORDERS CLINIC	-229,649	1,155,899		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	-100,000	582,240		90.23
91.00	09100	EMERGENCY	-6,423,174	19,446,041		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	-90,748	1,081,871		94.00
95.00	09500	AMBULANCE SERVICES	-404,939	19,175,003		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-3,639,150	34,216,004	101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	-670,368	10,471,216	105.00
106.00	10600	HEART ACQUISITION	-18,750	1,691,708	106.00
107.00	10700	LIVER ACQUISITION	-1,497,423	6,645,492	107.00
108.00	10800	LUNG ACQUISITION	8,700	3,167,391	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,407,025	109.00
110.00	11000	INTESTINE ACQUISITION	0	934,291	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	200,808	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	3,740,363	112.01
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	5,688,312	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-21,377,293	1,665,668,892	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	149	190.00
191.00	19100	RESEARCH	-21,455	3,634,574	191.00
191.01	19101	RESEARCH-GCRC	1,682	0	191.01
191.02	19102	OSA	-1,661,229	5,132,379	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-633,800	3,175,744	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	-10,578,601	11,312,448	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	-22,387,026	4,135,781	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	469,544	192.03
192.04	19204	MHH RADIOLOGY	0	112,695	192.04
192.05	19205	MHH LABS	0	0	192.05
192.06	19206	BELTWAY SURGERY	-339,266	39,670	192.06
192.07	19207	RHI	0	231,249	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	-7,633,207	18,166,196	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	78,163	192.09
192.10	19212	CARDIO PHYSICIANS	-256,804	1,292,030	192.10
192.11	19211	UNUSED SPACE	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-64,886,999	1,713,449,514	200.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	117,198,117	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
82.00		0.00	0	0		82.00
83.00		0.00	0	0		83.00
84.00		0.00	0	0		84.00
85.00		0.00	0	0		85.00
86.00		0.00	0	0		86.00
87.00		0.00	0	0		87.00
88.00		0.00	0	0		88.00
89.00		0.00	0	0		89.00
90.00		0.00	0	0		90.00
91.00		0.00	0	0		91.00
92.00		0.00	0	0		92.00
93.00		0.00	0	0		93.00
94.00		0.00	0	0		94.00
95.00		0.00	0	0		95.00
96.00		0.00	0	0		96.00
97.00		0.00	0	0		97.00
98.00		0.00	0	0		98.00
99.00		0.00	0	0		99.00
100.00		0.00	0	0		100.00
101.00		0.00	0	0		101.00
102.00		0.00	0	0		102.00
103.00		0.00	0	0		103.00
104.00		0.00	0	0		104.00
	TOTALS		0	117,198,117		
	B - CONTRACT LABOR					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34,636		1.00
2.00	DIETARY	10.00	0	132,955		2.00
3.00	SOCIAL SERVICE	17.00	0	1,923,813		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,132		4.00
5.00	RH PED IC	34.04	0	2,184		5.00
6.00	OPERATING ROOM	50.00	0	170,791		6.00
7.00	RECOVERY ROOM	51.00	0	134,051		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	3,908	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	190,252		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	11,762		10.00
11.00	CARDIAC CATHERIZATION	76.03	0	36,413		11.00
12.00	IUSCC HEM/ONC	90.02	0	115,659		12.00
13.00	OUTPATIENT SURGERY	90.06	0	6,934		13.00
14.00	PHYSICAL MEDICINE	90.17	0	107,808		14.00
15.00	GASTROENTEROLOGY CLINIC	90.23	0	35,387		15.00
16.00	AMBULANCE SERVICES	95.00	0	26,273		16.00
17.00	HOME HEALTH AGENCY	101.00	0	398,014		17.00
18.00	OTHER ORGAN ACQUISITION	112.00	0	7,338		18.00
19.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	44,780		19.00
20.00	CARDIO PHYSICIANS	192.10	0	80,317		20.00
	TOTALS		3,908	3,460,499		
	C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,309,627		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	43,228,262		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
86.00		0.00	0	0	86.00
87.00		0.00	0	0	87.00
88.00		0.00	0	0	88.00
89.00		0.00	0	0	89.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
90.00		0.00	0	0	90.00
	TOTALS		0	44,537,889	
	D - DEPRECIATION ALLOCATION				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,532	1.00
2.00	PURCHASING, RECEIVING, & STORES	5.03	0	2,901	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	850,434	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	1,252	4.00
5.00	OPERATION OF PLANT	7.00	0	1,241	5.00
6.00	DIETARY	10.00	0	6,144	6.00
7.00	PHARMACY	15.00	0	192,497	7.00
8.00	PATIENT TRANSPORTATION	18.00	0	1,518	8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	442	9.00
10.00	PARAMED RESPIRATORY THERAPY	23.03	0	327	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	2,532,061	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	5,110	12.00
13.00	CORONARY CARE UNIT	32.00	0	5,956	13.00
14.00	UH SURG 6IC	34.02	0	15,461	14.00
15.00	RH PED IC	34.04	0	23,083	15.00
16.00	TRANSPLANT ICU	34.05	0	945	16.00
17.00	PEDS CANCER CARE	34.06	0	426,571	17.00
18.00	SUBPROVIDER - IPF	40.00	0	1,162	18.00
19.00	NURSERY	43.00	0	1,167	19.00
20.00	OPERATING ROOM	50.00	0	273,304	20.00
21.00	ENDOSCOPY	50.01	0	21,174	21.00
22.00	RECOVERY ROOM	51.00	0	2,507	22.00
23.00	PULMONARY FUNCTION TESTING	53.01	0	55	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,179,849	24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	211,528	25.00
26.00	RADIOISOTOPE	56.00	0	24,200	26.00
27.00	LABORATORY	60.00	0	102,548	27.00
28.00	BONE MARROW TRANSPLANT LAB	60.02	0	6,056	28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,530	29.00
30.00	RESPIRATORY THERAPY	65.00	0	4,345	30.00
31.00	PHYSICAL THERAPY	66.00	0	113,789	31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	185	32.00
33.00	SPEECH PATHOLOGY	68.00	0	49,343	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	50,609	34.00
35.00	OUTPATIENT RETAIL PHARMACY	73.03	0	72,940	35.00
36.00	RENAL DIALYSIS	74.00	0	55,346	36.00
37.00	PSYCH OTHER ANCILLARY	76.02	0	823	37.00
38.00	CARDIAC CATHERIZATION	76.03	0	31,145	38.00
39.00	DAY SURGERY	76.04	0	9,601	39.00
40.00	AMB SVC-OB & GYN	90.01	0	8,512	40.00
41.00	IUSCC HEM/ONC	90.02	0	25,986	41.00
42.00	AMB SVC-PSYCH ADULT	90.04	0	22,003	42.00
43.00	OUTPATIENT SURGERY	90.06	0	1,754	43.00
45.00	MOTILITY LAB	90.08	0	3,088	45.00
46.00	PHYSICAL MEDICINE	90.17	0	4,605	46.00
47.00	DERMATOLOGY CLINIC	90.18	0	15,070	47.00
48.00	IUMG - MH	90.20	0	130	48.00
49.00	AMBULANCE SERVICES	95.00	0	67,050	49.00
50.00	HEART ACQUISITION	106.00	0	1,070	50.00
51.00	LUNG ACQUISITION	108.00	0	122	51.00
52.00	OTHER ORGAN ACQUISITION	112.00	0	6,445	52.00
53.00	RESEARCH	191.00	0	10,583	53.00
54.00	OSA	191.02	0	18,564	54.00
55.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,420	55.00
56.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	41,607	56.00
57.00	RHI	192.07	0	584	57.00
	TOTALS		0	9,533,274	
	E - DRUGS				
1.00	PHARMACY	15.00	0	107,980,874	1.00
2.00	LABORATORY	60.00	0	2,925	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

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	107,983,799		
	F - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	137,297,780		1.00
	TOTALS		0	137,297,780		
	G - SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	212,122,325		1.00
2.00	OUTPATIENT RETAIL PHARMACY	73.03	0	4,926		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

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00

RECLASSIFICATIONS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 6/1/2014 7:02 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
86.00		0.00	0	0	86.00
87.00		0.00	0	0	87.00
88.00		0.00	0	0	88.00
89.00		0.00	0	0	89.00
90.00		0.00	0	0	90.00
91.00		0.00	0	0	91.00
92.00		0.00	0	0	92.00
93.00		0.00	0	0	93.00
	TOTALS		0	212,127,251	
	H - BILLABLE SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	94,761,131	1.00
	TOTALS		0	94,761,131	
	I - IMPLANTABLE SUPPLIES				
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	60,197,532	1.00
	TOTALS		0	60,197,532	
	J - SLEEP LAB				
1.00	SLEEP LAB	90.11	2,099,214	866,117	1.00
	TOTALS		2,099,214	866,117	
	K - HOSPICE				
1.00	HOSPICE	116.00	3,709,354	1,978,958	1.00
	TOTALS		3,709,354	1,978,958	
	L - NURSERY & L&D				
1.00	NURSERY	43.00	1,394,916	145,030	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	6,992,890	788,220	2.00
	TOTALS		8,387,806	933,250	
	M - PARAMED ED				
1.00	PARAMED RADIOLOGY-METHODIST	23.02	562,758	43,051	1.00
2.00	PARAMED PHARMACY	23.07	525,044	40,166	2.00
3.00	PARAMED PHARMACY TECH	23.10	39,331	3,009	3.00
4.00	PARAMED LAB SCIENCE PRO	23.06	250,918	19,195	4.00
5.00	PARAMED EMERGENCY	23.04	27,298	2,088	5.00
6.00	PARAMED SURGERY TECHNOLOGY	23.09	88,052	6,736	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
	TOTALS		1,493,401	114,245	
	N - PTO ALLOCATION				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,935,292	1.00
2.00	HOME HEALTH AGENCY	101.00	0	90,324	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

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
86.00		0.00	0	0	86.00
87.00		0.00	0	0	87.00
88.00		0.00	0	0	88.00
89.00		0.00	0	0	89.00
90.00		0.00	0	0	90.00
91.00		0.00	0	0	91.00
92.00		0.00	0	0	92.00
93.00		0.00	0	0	93.00
94.00		0.00	0	0	94.00
	TOTALS		0	8,025,616	
	O - RENAL ADMIN				
1.00	HOME PROGRAM DIALYSIS	94.00	135,057	15,484	1.00
	TOTALS		135,057	15,484	

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	P - PHONES				
1.00	NONPATIENT TELEPHONES	5.01	0	69,125	1.00
2.00	LABORATORY	60.00	0	2,264	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
	TOTALS		0	71,389	
	Q - FQHC NON-REIMBURSABLE				
1.00	OTHER	192.01	26,360	54,431	1.00
	NONREIMBURSABLE-METHODIST				
	TOTALS		26,360	54,431	
	R - ORGANS				
1.00	LUNG ACQUISITION	108.00	238,438	53,655	1.00
2.00	LIVER ACQUISITION	107.00	636,687	136,139	2.00
3.00	HEART ACQUISITION	106.00	149,142	32,470	3.00
4.00	PANCREAS ACQUISITION	109.00	2,960	31,315	4.00
5.00	INTESTINE ACQUISITION	110.00	175,140	26,312	5.00
	TOTALS		1,202,367	279,891	
	S - PRE-POST TRANSPLANT				
1.00	POST TRANSPLANT EXPENSES	112.01	3,304,931	435,432	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
	TOTALS		3,304,931	435,432	
	T - ACQUISITION WORK-UP EXP				
1.00	KIDNEY ACQUISITION	105.00	0	2,696	1.00
	TOTALS		0	2,696	
	U - NON-TXPL EMPLOYEES				
1.00	KIDNEY ACQUISITION	105.00	55,214	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		55,214	0	
	V - ADVERTISING				
1.00	NON-ALLOWABLE ADVERTISING	192.08	0	1,298,269	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
	TOTALS		0	1,298,269	
500.00	Grand Total: Increases		20,417,612	801,173,050	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 - BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,651,647	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	57,783	0		2.00
3.00	OPERATION OF PLANT	7.00	0	626,224	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	83	0		4.00
5.00	HOUSEKEEPING - METHODIST	9.03	0	101,751	0		5.00
6.00	DIETARY	10.00	0	2,042,330	0		6.00
7.00	CAFETERIA	11.00	0	42,389	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	4,135,183	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	769,302	0		9.00
10.00	PHARMACY	15.00	0	5,119,131	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	75,306	0		11.00
12.00	SOCIAL SERVICE	17.00	0	963,921	0		12.00
13.00	PATIENT TRANSPORTATION	18.00	0	859,716	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	120,627	0		14.00
15.00	PARAMED ED HEALTH SCIENCES	23.01	0	32,331	0		15.00
16.00	PARAMED RADIOLOGY-METHODIST	23.02	0	57,203	0		16.00
17.00	PARAMED RESPIRATORY THERAPY	23.03	0	73,782	0		17.00
18.00	PARAMED EMERGENCY	23.04	0	38,069	0		18.00
19.00	PARAMED PASTORAL EDUCATION	23.05	0	145,780	0		19.00
20.00	PARAMED LAB SCIENCE PRO	23.06	0	29,104	0		20.00
21.00	PARAMED PHARMACY	23.07	0	157,859	0		21.00
22.00	PARAMED SURGERY TECHNOLOGY	23.09	0	32,800	0		22.00
23.00	PARAMED PHARMACY TECH	23.10	0	48,438	0		23.00
24.00	ADULTS & PEDIATRICS	30.00	0	27,955,572	0		24.00
25.00	INTENSIVE CARE UNIT	31.00	0	2,877,060	0		25.00
26.00	CORONARY CARE UNIT	32.00	0	2,275,735	0		26.00
27.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	872,318	0		27.00
28.00	BURN INTENSIVE CARE UNIT	33.00	0	226,441	0		28.00
29.00	UH SURG 6IC	34.02	0	682,075	0		29.00
30.00	RH PED IC	34.04	0	1,880,434	0		30.00
31.00	TRANSPLANT ICU	34.05	0	379,890	0		31.00
32.00	PEDS CANCER CARE	34.06	0	305,994	0		32.00
33.00	SUBPROVIDER - IPF	40.00	0	620,514	0		33.00
34.00	NURSERY	43.00	0	449,522	0		34.00
35.00	OPERATING ROOM	50.00	0	6,465,024	0		35.00
36.00	ENDOSCOPY	50.01	0	219,068	0		36.00
37.00	RECOVERY ROOM	51.00	0	1,085,902	0		37.00
38.00	ANESTHESIOLOGY	53.00	0	357,911	0		38.00
39.00	PULMONARY FUNCTION TESTING	53.01	0	625,104	0		39.00
40.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,209,548	0		40.00
41.00	RADIOLOGY-THERAPEUTIC	55.00	0	952,350	0		41.00
42.00	RADIOISOTOPE	56.00	0	137,027	0		42.00
43.00	CARDIAC CATHETERIZATION	59.00	0	96,674	0		43.00
44.00	LABORATORY	60.00	0	7,227,308	0		44.00
45.00	TRANSPLANT IMMUNOLOGY	60.01	0	199,814	0		45.00
46.00	BONE MARROW TRANSPLANT LAB	60.02	0	203,753	0		46.00
47.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	621,618	0		47.00
48.00	RESPIRATORY THERAPY	65.00	0	4,191,990	0		48.00
49.00	PHYSICAL THERAPY	66.00	0	2,192,726	0		49.00
50.00	OCCUPATIONAL THERAPY	67.00	0	485,424	0		50.00
51.00	SPEECH PATHOLOGY	68.00	0	741,287	0		51.00
52.00	ELECTROCARDIOLOGY	69.00	0	558,242	0		52.00
53.00	ELECTROENCEPHALOGRAPHY	70.00	0	809,081	0		53.00
54.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	44,154	0		54.00
55.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,450,836	0		55.00
56.00	RENAL DIALYSIS	74.00	0	1,278,786	0		56.00
57.00	RH NBN ECMO IC	76.00	0	38,316	0		57.00
58.00	CARDIOLOGY	76.01	0	469,635	0		58.00
59.00	PSYCH OTHER ANCILLARY	76.02	0	14,162	0		59.00
60.00	CARDIAC CATHERIZATION	76.03	0	813,036	0		60.00
61.00	DAY SURGERY	76.04	0	853,068	0		61.00
62.00	ECMO-ADULT	76.08	0	1,635	0		62.00
63.00	CARDIAC REHABILITATION	76.97	0	62,501	0		63.00
64.00	AMB SVC-OB & GYN	90.01	0	535,109	0		64.00
65.00	IUSCC HEM/ONC	90.02	0	3,446,509	0		65.00
66.00	AMB SVC-OPTHALMOLOGY	90.03	0	83,461	0		66.00
67.00	AMB SVC-PSYCH ADULT	90.04	0	77,779	0		67.00
68.00	OUTPATIENT SURGERY	90.06	0	513,147	0		68.00
69.00	AMB SVC-RILEY CLINICS	90.07	0	1,045,156	0		69.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
70.00	MOTILITY LAB	90.08	0	21,868	0		70.00
71.00	CLINICAL GERIATRICS	90.10	0	1,890	0		71.00
72.00	SLEEP LAB	90.11	0	55,967	0		72.00
73.00	OP CARE ADULTS	90.12	0	71,860	0		73.00
74.00	ARTHRITIS CLINIC	90.14	0	23,263	0		74.00
75.00	PHYSICAL MEDICINE	90.17	0	231,240	0		75.00
76.00	DERMATOLOGY CLINIC	90.18	0	149,052	0		76.00
77.00	INFUSION/HEM/ONC	90.19	0	92,655	0		77.00
78.00	IUMG - MH	90.20	0	103,534	0		78.00
79.00	OP REHAB CLINIC	90.21	0	40,091	0		79.00
80.00	EATING DISORDERS CLINIC	90.22	0	198,334	0		80.00
81.00	GASTROENTEROLOGY CLINIC	90.23	0	134,267	0		81.00
82.00	EMERGENCY	91.00	0	3,978,943	0		82.00
83.00	HOME PROGRAM DIALYSIS	94.00	0	163,965	0		83.00
84.00	AMBULANCE SERVICES	95.00	0	1,281,672	0		84.00
85.00	HOME HEALTH AGENCY	101.00	0	5,125,731	0		85.00
86.00	KIDNEY ACQUISITION	105.00	0	838,521	0		86.00
87.00	HEART ACQUISITION	106.00	0	98,760	0		87.00
88.00	LIVER ACQUISITION	107.00	0	205,727	0		88.00
89.00	LUNG ACQUISITION	108.00	0	128,793	0		89.00
90.00	PANCREAS ACQUISITION	109.00	0	64,161	0		90.00
91.00	INTESTINE ACQUISITION	110.00	0	51,383	0		91.00
92.00	OTHER ORGAN ACQUISITION	112.00	0	22,701	0		92.00
93.00	RESEARCH	191.00	0	638,521	0		93.00
94.00	OSA	191.02	0	249,380	0		94.00
95.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	25,770	0		95.00
96.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	1,656,509	0		96.00
97.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	689,231	0		97.00
98.00	PHYSICIANS' PRIVATE OFFICES	192.03	0	26	0		98.00
99.00	MHH RADIOLOGY	192.04	0	18,587	0		99.00
100.00	BELTWAY SURGERY	192.06	0	2,365	0		100.00
101.00	RHI	192.07	0	44,311	0		101.00
102.00	NON-ALLOWABLE ADVERTISING	192.08	0	803,594	0		102.00
103.00	ARTHRITIS CLINIC - NR	192.09	0	2,917	0		103.00
104.00	CARDIO PHYSICIANS	192.10	0	169,073	0		104.00
	TOTALS		0	117,198,117			
	B - CONTRACT LABOR						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	34,636	0	0		1.00
2.00	DIETARY	10.00	132,955	0	0		2.00
3.00	SOCIAL SERVICE	17.00	1,923,813	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	1,132	0	0		4.00
5.00	RH PED IC	34.04	2,184	0	0		5.00
6.00	OPERATING ROOM	50.00	170,791	0	0		6.00
7.00	RECOVERY ROOM	51.00	134,051	0	0		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,908	0		8.00
9.00	RESPIRATORY THERAPY	65.00	190,252	0	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	11,762	0	0		10.00
11.00	CARDIAC CATHERIZATION	76.03	36,413	0	0		11.00
12.00	IUSCC HEM/ONC	90.02	115,659	0	0		12.00
13.00	OUTPATIENT SURGERY	90.06	6,934	0	0		13.00
14.00	PHYSICAL MEDICINE	90.17	107,808	0	0		14.00
15.00	GASTROENTEROLOGY CLINIC	90.23	35,387	0	0		15.00
16.00	AMBULANCE SERVICES	95.00	26,273	0	0		16.00
17.00	HOME HEALTH AGENCY	101.00	398,014	0	0		17.00
18.00	OTHER ORGAN ACQUISITION	112.00	7,338	0	0		18.00
19.00	OTHER NONREIMBURSABLE-METHODIST	192.01	44,780	0	0		19.00
20.00	CARDIO PHYSICIANS	192.10	80,317	0	0		20.00
	TOTALS		3,460,499	3,908			
	C - DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,532	9		1.00
2.00	PURCHASING, RECEIVING, & STORES	5.03	0	166,052	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,469,010	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	14,311	0		4.00
5.00	OPERATION OF PLANT	7.00	0	63,312	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	1,027	0		6.00
7.00	DIETARY	10.00	0	128,476	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	205,854	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	516,478	0		9.00
10.00	PHARMACY	15.00	0	1,641,368	0		10.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	SOCIAL SERVICE	17.00	0	1,854	0		11.00
12.00	PATIENT TRANSPORTATION	18.00	0	56,491	0		12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	12,918	0		13.00
14.00	PARAMED ED HEALTH SCIENCES	23.01	0	16,650	0		14.00
15.00	PARAMED RESPIRATORY THERAPY	23.03	0	16,746	0		15.00
16.00	PARAMED PHARMACY	23.07	0	2,283	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	4,113,834	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	179,765	0		18.00
19.00	CORONARY CARE UNIT	32.00	0	77,748	0		19.00
20.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	112,846	0		20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	0	21,835	0		21.00
22.00	UH SURG 6IC	34.02	0	101,964	0		22.00
23.00	UH NS 3IC	34.03	0	4,279	0		23.00
24.00	RH PED IC	34.04	0	130,819	0		24.00
25.00	TRANSPLANT ICU	34.05	0	1,200	0		25.00
26.00	PEDS CANCER CARE	34.06	0	427,036	0		26.00
27.00	SUBPROVIDER - IPF	40.00	0	10,002	0		27.00
28.00	NURSERY	43.00	0	28,225	0		28.00
29.00	OPERATING ROOM	50.00	0	8,458,765	0		29.00
30.00	ENDOSCOPY	50.01	0	248,343	0		30.00
31.00	RECOVERY ROOM	51.00	0	133,822	0		31.00
32.00	ANESTHESIOLOGY	53.00	0	573,824	0		32.00
33.00	PULMONARY FUNCTION TESTING	53.01	0	177,450	0		33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,026,658	0		34.00
35.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,029,943	0		35.00
36.00	RADIOISOTOPE	56.00	0	183,829	0		36.00
37.00	LABORATORY	60.00	0	1,563,279	0		37.00
38.00	TRANSPLANT IMMUNOLOGY	60.01	0	13,459	0		38.00
39.00	BONE MARROW TRANSPLANT LAB	60.02	0	120,361	0		39.00
40.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	55,441	0		40.00
41.00	RESPIRATORY THERAPY	65.00	0	766,781	0		41.00
42.00	PHYSICAL THERAPY	66.00	0	186,871	0		42.00
43.00	OCCUPATIONAL THERAPY	67.00	0	16,947	0		43.00
44.00	SPEECH PATHOLOGY	68.00	0	195,627	0		44.00
45.00	ELECTROCARDIOLOGY	69.00	0	223,713	0		45.00
46.00	ELECTROENCEPHALOGRAPHY	70.00	0	454,132	0		46.00
47.00	OUTPATIENT RETAIL PHARMACY	73.03	0	191,276	0		47.00
48.00	RENAL DIALYSIS	74.00	0	220,671	0		48.00
49.00	RH NBN ECMO IC	76.00	0	25,143	0		49.00
50.00	CARDIOLOGY	76.01	0	943,409	0		50.00
51.00	PSYCH OTHER ANCILLARY	76.02	0	4,515	0		51.00
52.00	CARDIAC CATHERIZATION	76.03	0	398,481	0		52.00
53.00	DAY SURGERY	76.04	0	29,228	0		53.00
54.00	CARDIAC REHABILITATION	76.97	0	1,196	0		54.00
55.00	AMB SVC-OB & GYN	90.01	0	80,693	0		55.00
56.00	IUSCC HEM/ONC	90.02	0	3,353,846	0		56.00
57.00	AMB SVC-OPTHALMOLOGY	90.03	0	214,298	0		57.00
58.00	AMB SVC-PSYCH ADULT	90.04	0	39,023	0		58.00
59.00	OUTPATIENT SURGERY	90.06	0	145,520	0		59.00
60.00	AMB SVC-RILEY CLINICS	90.07	0	221,136	0		60.00
61.00	MOTILITY LAB	90.08	0	23,132	0		61.00
62.00	CLINICAL GERIATRICS	90.10	0	2,725	0		62.00
63.00	OP CARE ADULTS	90.12	0	2,202	0		63.00
64.00	ARTHRITIS CLINIC	90.14	0	2,644	0		64.00
65.00	PHYSICAL MEDICINE	90.17	0	6,308	0		65.00
66.00	DERMATOLOGY CLINIC	90.18	0	56,804	0		66.00
67.00	INFUSION/HEM/ONC	90.19	0	26,500	0		67.00
68.00	IUMG - MH	90.20	0	2,375	0		68.00
69.00	OP REHAB CLINIC	90.21	0	1,417	0		69.00
70.00	EATING DISORDERS CLINIC	90.22	0	21,280	0		70.00
71.00	EMERGENCY	91.00	0	297,140	0		71.00
72.00	HOME PROGRAM DIALYSIS	94.00	0	61,472	0		72.00
73.00	AMBULANCE SERVICES	95.00	0	2,208,601	0		73.00
74.00	HOME HEALTH AGENCY	101.00	0	456,658	0		74.00
75.00	KIDNEY ACQUISITION	105.00	0	484,507	0		75.00
76.00	HEART ACQUISITION	106.00	0	1,070	0		76.00
77.00	LIVER ACQUISITION	107.00	0	8,083	0		77.00
78.00	LUNG ACQUISITION	108.00	0	2,384	0		78.00
79.00	OTHER ORGAN ACQUISITION	112.00	0	6,445	0		79.00
80.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	639	0		80.00
81.00	RESEARCH	191.00	0	52,342	0		81.00

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
82.00	OSA	191.02	0	28,691	0	82.00
83.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,745	0	83.00
84.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	429,069	0	84.00
85.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	802,920	0	85.00
86.00	BELTWAY SURGERY	192.06	0	929	0	86.00
87.00	RHI	192.07	0	2,144	0	87.00
88.00	NON-ALLOWABLE ADVERTISING	192.08	0	672,028	0	88.00
89.00	ARTHRITIS CLINIC - NR	192.09	0	2,506	0	89.00
90.00	CARDIO PHYSICIANS	192.10	0	28,534	0	90.00
	TOTALS		0	44,537,889		
	D - DEPRECIATION ALLOCATION					
1.00	NURSING ADMINISTRATION	13.00	0	19,177	9	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	163,686	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	273	0	3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	0	1,741	0	4.00
5.00	UH NS 3IC	34.03	0	389	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	17,666	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	8,132	0	7.00
8.00	CARDIOLOGY	76.01	0	35,715	0	8.00
9.00	AMB SVC-OPTHALMOLOGY	90.03	0	9,793	0	9.00
10.00	AMB SVC-RILEY CLINICS	90.07	0	67,486	0	10.00
11.00	CLINICAL GERIATRICS	90.10	0	320	0	11.00
12.00	ARTHRITIS CLINIC	90.14	0	2,456	0	12.00
13.00	INFUSION/HEM/ONC	90.19	0	135	0	13.00
14.00	EMERGENCY	91.00	0	618,691	0	14.00
15.00	KIDNEY ACQUISITION	105.00	0	22,095	0	15.00
16.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	160,252	0	16.00
17.00	BELTWAY SURGERY	192.06	0	186	0	17.00
18.00	NON-ALLOWABLE ADVERTISING	192.08	0	36,623	0	18.00
19.00	ARTHRITIS CLINIC - NR	192.09	0	12,530	0	19.00
20.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,355,928	9	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
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
	TOTALS		0	9,533,274		
	E - DRUGS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,601	0	1.00
2.00	DIETARY	10.00	0	193	0	2.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,411	0		3.00
4.00	SOCIAL SERVICE	17.00	0	131	0		4.00
5.00	PATIENT TRANSPORTATION	18.00	0	210	0		5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,721	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	26,660	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	2,612	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	2,584	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	391	0		10.00
11.00	BURN INTENSIVE CARE UNIT	33.00	0	546	0		11.00
12.00	UH SURG 6IC	34.02	0	1,233	0		12.00
13.00	RH PED IC	34.04	0	2,619	0		13.00
14.00	TRANSPLANT ICU	34.05	0	74	0		14.00
15.00	PEDS CANCER CARE	34.06	0	102	0		15.00
16.00	SUBPROVIDER - IPF	40.00	0	119	0		16.00
17.00	NURSERY	43.00	0	303	0		17.00
18.00	OPERATING ROOM	50.00	0	576,088	0		18.00
19.00	ENDOSCOPY	50.01	0	314	0		19.00
20.00	RECOVERY ROOM	51.00	0	111	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	509,778	0		21.00
22.00	PULMONARY FUNCTION TESTING	53.01	0	27,156	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	291,654	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,697	0		24.00
25.00	RADIOISOTOPE	56.00	0	173,885	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	46,984	0		26.00
27.00	BONE MARROW TRANSPLANT LAB	60.02	0	19,946	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	563	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	16,668	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	10,251	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	651	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	18	0		32.00
33.00	OUTPATIENT RETAIL PHARMACY	73.03	0	43,216,847	0		33.00
34.00	RENAL DIALYSIS	74.00	0	1,442,632	0		34.00
35.00	CARDIOLOGY	76.01	0	23,919	0		35.00
36.00	PSYCH OTHER ANCILLARY	76.02	0	15	0		36.00
37.00	CARDIAC CATHERIZATION	76.03	0	14,188	0		37.00
38.00	DAY SURGERY	76.04	0	1,138	0		38.00
39.00	AMB SVC-OB & GYN	90.01	0	242,514	0		39.00
40.00	IUSCC HEM/ONC	90.02	0	45,307,463	0		40.00
41.00	AMB SVC-OPTHALMOLOGY	90.03	0	489,011	0		41.00
42.00	AMB SVC-PSYCH ADULT	90.04	0	472	0		42.00
43.00	OUTPATIENT SURGERY	90.06	0	14,507	0		43.00
44.00	AMB SVC-RILEY CLINICS	90.07	0	746,731	0		44.00
45.00	MOTILITY LAB	90.08	0	9	0		45.00
46.00	CLINICAL GERIATRICS	90.10	0	548	0		46.00
47.00	OP CARE ADULTS	90.12	0	4,194	0		47.00
48.00	ARTHRITIS CLINIC	90.14	0	6,124,753	0		48.00
49.00	PHYSICAL MEDICINE	90.17	0	164,259	0		49.00
50.00	DERMATOLOGY CLINIC	90.18	0	16,096	0		50.00
51.00	IUMG - MH	90.20	0	1,297	0		51.00
52.00	OP REHAB CLINIC	90.21	0	266,190	0		52.00
53.00	EATING DISORDERS CLINIC	90.22	0	32	0		53.00
54.00	GASTROENTEROLOGY CLINIC	90.23	0	56,130	0		54.00
55.00	EMERGENCY	91.00	0	17,434	0		55.00
56.00	HOME PROGRAM DIALYSIS	94.00	0	853,187	0		56.00
57.00	AMBULANCE SERVICES	95.00	0	56,684	0		57.00
58.00	HOME HEALTH AGENCY	101.00	0	627,207	0		58.00
59.00	KIDNEY ACQUISITION	105.00	0	28,147	0		59.00
60.00	HEART ACQUISITION	106.00	0	11,950	0		60.00
61.00	LIVER ACQUISITION	107.00	0	10,428	0		61.00
62.00	LUNG ACQUISITION	108.00	0	104,838	0		62.00
63.00	RESEARCH	191.00	0	5,437	0		63.00
64.00	RESEARCH-GCRC	191.01	0	1,884	0		64.00
65.00	OSA	191.02	0	835	0		65.00
66.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	5,134,245	0		66.00
67.00	RHI	192.07	0	375	0		67.00
68.00	NON-ALLOWABLE ADVERTISING	192.08	0	644	0		68.00
69.00	ARTHRITIS CLINIC - NR	192.09	0	1,248,194	0		69.00
70.00	CARDIO PHYSICIANS	192.10	0	7,091	0		70.00
	TOTALS		0	107,983,799			

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	137,297,780	0		1.00
	TOTALS		0	137,297,780			
	G - SUPPLIES						
1.00	PURCHASING, RECEIVING, & STORES	5.03	0	281,938	0		1.00
2.00	ADMITTING	5.04	0	121	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	214,672	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	24,320	0		4.00
5.00	OPERATION OF PLANT	7.00	0	5,925	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	86,798	0		6.00
7.00	HOUSEKEEPING - METHODIST	9.03	0	3,774	0		7.00
8.00	DIETARY	10.00	0	109,577	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	22,394	0		9.00
10.00	PHARMACY	15.00	0	2,198,345	0		10.00
11.00	SOCIAL SERVICE	17.00	0	1,267	0		11.00
12.00	PATIENT TRANSPORTATION	18.00	0	5,228	0		12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	52	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	9,858	0		14.00
15.00	PARAMED ED HEALTH SCIENCES	23.01	0	63	0		15.00
16.00	PARAMED RESPIRATORY THERAPY	23.03	0	3,781	0		16.00
17.00	PARAMED LAB SCIENCE PRO	23.06	0	7,258	0		17.00
18.00	PARAMED SURGERY TECHNOLOGY	23.09	0	338	0		18.00
19.00	PARAMED PHARMACY TECH	23.10	0	2,491	0		19.00
20.00	ADULTS & PEDIATRICS	30.00	0	14,567,785	0		20.00
21.00	INTENSIVE CARE UNIT	31.00	0	2,120,150	0		21.00
22.00	CORONARY CARE UNIT	32.00	0	2,056,826	0		22.00
23.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	365,011	0		23.00
24.00	BURN INTENSIVE CARE UNIT	33.00	0	143,057	0		24.00
25.00	UH SURG 6IC	34.02	0	1,011,417	0		25.00
26.00	CARDIO PHYSICIANS	192.10	0	21,314	0		26.00
27.00	RH PED IC	34.04	0	1,087,372	0		27.00
28.00	TRANSPLANT ICU	34.05	0	411,092	0		28.00
29.00	PEDS CANCER CARE	34.06	0	102,722	0		29.00
30.00	SUBPROVIDER - IPF	40.00	0	55,107	0		30.00
31.00	NURSERY	43.00	0	196,129	0		31.00
32.00	OPERATING ROOM	50.00	0	87,904,422	0		32.00
33.00	ENDOSCOPY	50.01	0	607,864	0		33.00
34.00	RECOVERY ROOM	51.00	0	485,141	0		34.00
35.00	ANESTHESIOLOGY	53.00	0	3,585,391	0		35.00
36.00	PULMONARY FUNCTION TESTING	53.01	0	256,821	0		36.00
37.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,831,617	0		37.00
38.00	RADIOLOGY-THERAPEUTIC	55.00	0	379,096	0		38.00
39.00	RADIOISOTOPE	56.00	0	4,289,719	0		39.00
40.00	CARDIAC CATHETERIZATION	59.00	0	4,627,617	0		40.00
41.00	LABORATORY	60.00	0	25,850,160	0		41.00
42.00	TRANSPLANT IMMUNOLOGY	60.01	0	1,141,349	0		42.00
43.00	BONE MARROW TRANSPLANT LAB	60.02	0	901,410	0		43.00
44.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	13,141,692	0		44.00
45.00	RESPIRATORY THERAPY	65.00	0	3,927,867	0		45.00
46.00	PHYSICAL THERAPY	66.00	0	742,693	0		46.00
47.00	OCCUPATIONAL THERAPY	67.00	0	91,917	0		47.00
48.00	SPEECH PATHOLOGY	68.00	0	2,184,878	0		48.00
49.00	ELECTROCARDIOLOGY	69.00	0	62,995	0		49.00
50.00	ELECTROENCEPHALOGRAPHY	70.00	0	300,580	0		50.00
51.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	166,263	0		51.00
52.00	RENAL DIALYSIS	74.00	0	2,105,644	0		52.00
53.00	RH NBN ECMO IC	76.00	0	98,462	0		53.00
54.00	CARDIOLOGY	76.01	0	6,637,522	0		54.00
55.00	PSYCH OTHER ANCILLARY	76.02	0	23,438	0		55.00
56.00	CARDIAC CATHERIZATION	76.03	0	5,369,883	0		56.00
57.00	DAY SURGERY	76.04	0	492,144	0		57.00
58.00	CARDIAC REHABILITATION	76.97	0	3,407	0		58.00
59.00	AMB SVC-OB & GYN	90.01	0	92,095	0		59.00
60.00	IUSCC HEM/ONC	90.02	0	1,611,789	0		60.00
61.00	AMB SVC-OPTHALMOLOGY	90.03	0	6,731	0		61.00
62.00	AMB SVC-PSYCH ADULT	90.04	0	805	0		62.00
63.00	AMB SVC-DIABETES ADULT	90.05	0	119	0		63.00
64.00	OUTPATIENT SURGERY	90.06	0	55,402	0		64.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
65.00	AMB SVC-RILEY CLINICS	90.07	0	272,780	0		65.00
66.00	MOTILITY LAB	90.08	0	65,721	0		66.00
67.00	CLINICAL GERIATRICS	90.10	0	935	0		67.00
68.00	SLEEP LAB	90.11	0	6,651	0		68.00
69.00	OP CARE ADULTS	90.12	0	9,121	0		69.00
70.00	ARTHRITIS CLINIC	90.14	0	22,335	0		70.00
71.00	PHYSICAL MEDICINE	90.17	0	17,305	0		71.00
72.00	DERMATOLOGY CLINIC	90.18	0	101,433	0		72.00
73.00	INFUSION/HEM/ONC	90.19	0	44,617	0		73.00
74.00	IUMG - MH	90.20	0	19,307	0		74.00
75.00	OP REHAB CLINIC	90.21	0	802	0		75.00
76.00	EATING DISORDERS CLINIC	90.22	0	2,816	0		76.00
77.00	GASTROENTEROLOGY CLINIC	90.23	0	21,037	0		77.00
78.00	EMERGENCY	91.00	0	3,033,599	0		78.00
79.00	HOME PROGRAM DIALYSIS	94.00	0	1,885,488	0		79.00
80.00	AMBULANCE SERVICES	95.00	0	262,589	0		80.00
81.00	HOME HEALTH AGENCY	101.00	0	329,700	0		81.00
82.00	KIDNEY ACQUISITION	105.00	0	223,237	0		82.00
83.00	HEART ACQUISITION	106.00	0	86	0		83.00
84.00	LUNG ACQUISITION	108.00	0	18	0		84.00
85.00	OTHER ORGAN ACQUISITION	112.00	0	13,488	0		85.00
86.00	RESEARCH	191.00	0	335,830	0		86.00
87.00	RESEARCH-GCRC	191.01	0	35,679	0		87.00
88.00	OSA	191.02	0	11,415	0		88.00
89.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	191,267	0		89.00
90.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	23,985	0		90.00
91.00	RHI	192.07	0	92,678	0		91.00
92.00	NON-ALLOWABLE ADVERTISING	192.08	0	5,518	0		92.00
93.00	ARTHRITIS CLINIC - NR	192.09	0	4,699	0		93.00
	TOTALS		0	212,127,251			
	H - BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	94,761,131	0		1.00
	TOTALS		0	94,761,131			
	I - IMPLANTABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	60,197,532	0		1.00
	TOTALS		0	60,197,532			
	J - SLEEP LAB						
1.00	HOME HEALTH AGENCY	101.00	2,099,214	866,117	0		1.00
	TOTALS		2,099,214	866,117			
	K - HOSPICE						
1.00	HOME HEALTH AGENCY	101.00	3,709,354	1,978,958	0		1.00
	TOTALS		3,709,354	1,978,958			
	L - NURSERY & L&D						
1.00	ADULTS & PEDIATRICS	30.00	8,387,806	933,250	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		8,387,806	933,250			
	M - PARAMED ED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	562,758	43,051	0		1.00
2.00	PHARMACY	15.00	515,649	39,447	0		2.00
3.00	IUSCC HEM/ONC	90.02	2,907	222	0		3.00
4.00	EMERGENCY	91.00	6,488	496	0		4.00
5.00	PHARMACY	15.00	15,788	1,208	0		5.00
6.00	OUTPATIENT RETAIL PHARMACY	73.03	17,903	1,370	0		6.00
7.00	HOME HEALTH AGENCY	101.00	5,640	431	0		7.00
8.00	LABORATORY	60.00	221,930	16,978	0		8.00
9.00	BLOOD STORING, PROCESSING & TRANS.	63.00	28,988	2,218	0		9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	960	73	0		10.00
11.00	RESPIRATORY THERAPY	65.00	80	6	0		11.00
12.00	EMERGENCY	91.00	26,258	2,009	0		12.00
13.00	OPERATING ROOM	50.00	88,052	6,736	0		13.00
	TOTALS		1,493,401	114,245			
	N - PTO ALLOCATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	253,229	0		1.00
2.00	OPERATION OF PLANT	7.00	0	35,310	0		2.00
3.00	DIETARY	10.00	0	121,588	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	232,095	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	40,350	0		5.00
6.00	PHARMACY	15.00	0	411,231	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,626	0		7.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
8.00	SOCIAL SERVICE	17.00	0	66,417	0	8.00
9.00	PATIENT TRANSPORTATION	18.00	0	30,984	0	9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	8,038	0	10.00
11.00	PARAMED ED HEALTH SCIENCES	23.01	0	1,496	0	11.00
12.00	PARAMED RADIOLOGY-METHODIST	23.02	0	4,418	0	12.00
13.00	PARAMED RESPIRATORY THERAPY	23.03	0	5,614	0	13.00
14.00	PARAMED EMERGENCY	23.04	0	2,910	0	14.00
15.00	PARAMED PASTORAL EDUCATION	23.05	0	8,270	0	15.00
16.00	PARAMED LAB SCIENCE PRO	23.06	0	3,357	0	16.00
17.00	PARAMED PHARMACY	23.07	0	6,767	0	17.00
18.00	PARAMED SURGERY TECHNOLOGY	23.09	0	2,006	0	18.00
19.00	PARAMED PHARMACY TECH	23.10	0	2,935	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	0	2,088,222	0	20.00
21.00	INTENSIVE CARE UNIT	31.00	0	229,543	0	21.00
22.00	CORONARY CARE UNIT	32.00	0	172,735	0	22.00
23.00	NEONATAL INTENSIVE CARE UNIT	32.01	0	68,531	0	23.00
24.00	BURN INTENSIVE CARE UNIT	33.00	0	20,854	0	24.00
25.00	UH SURG 6IC	34.02	0	65,259	0	25.00
26.00	RH PED IC	34.04	0	130,893	0	26.00
27.00	TRANSPLANT ICU	34.05	0	28,596	0	27.00
28.00	PEDS CANCER CARE	34.06	0	21,492	0	28.00
29.00	SUBPROVIDER - IPF	40.00	0	52,945	0	29.00
30.00	NURSERY	43.00	0	34,901	0	30.00
31.00	OPERATING ROOM	50.00	0	459,528	0	31.00
32.00	ENDOSCOPY	50.01	0	18,838	0	32.00
33.00	RECOVERY ROOM	51.00	0	82,893	0	33.00
34.00	ANESTHESIOLOGY	53.00	0	21,450	0	34.00
35.00	PULMONARY FUNCTION TESTING	53.01	0	37,277	0	35.00
36.00	RADIOLOGY-DIAGNOSTIC	54.00	0	354,419	0	36.00
37.00	RADIOLOGY-THERAPEUTIC	55.00	0	55,334	0	37.00
38.00	RADIOISOTOPE	56.00	0	12,560	0	38.00
39.00	LABORATORY	60.00	0	441,720	0	39.00
40.00	TRANSPLANT IMMUNOLOGY	60.01	0	14,112	0	40.00
41.00	BONE MARROW TRANSPLANT LAB	60.02	0	15,009	0	41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	47,528	0	42.00
43.00	RESPIRATORY THERAPY	65.00	0	296,423	0	43.00
44.00	PHYSICAL THERAPY	66.00	0	147,444	0	44.00
45.00	OCCUPATIONAL THERAPY	67.00	0	33,181	0	45.00
46.00	SPEECH PATHOLOGY	68.00	0	50,422	0	46.00
47.00	ELECTROCARDIOLOGY	69.00	0	40,360	0	47.00
48.00	ELECTROENCEPHALOGRAPHY	70.00	0	74,806	0	48.00
49.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,560	0	49.00
50.00	OUTPATIENT RETAIL PHARMACY	73.03	0	117,157	0	50.00
51.00	RENAL DIALYSIS	74.00	0	102,705	0	51.00
52.00	RH NBN ECMO IC	76.00	0	7,821	0	52.00
53.00	CARDIOLOGY	76.01	0	34,019	0	53.00
54.00	PSYCH OTHER ANCILLARY	76.02	0	2,214	0	54.00
55.00	CARDIAC CATHERIZATION	76.03	0	70,359	0	55.00
56.00	DAY SURGERY	76.04	0	59,306	0	56.00
57.00	CARDIAC REHABILITATION	76.97	0	3,311	0	57.00
58.00	AMB SVC-OB & GYN	90.01	0	34,227	0	58.00
59.00	IUSCC HEM/ONC	90.02	0	228,713	0	59.00
60.00	AMB SVC-OPTHALMOLOGY	90.03	0	3,037	0	60.00
61.00	AMB SVC-PSYCH ADULT	90.04	0	5,878	0	61.00
62.00	OUTPATIENT SURGERY	90.06	0	29,965	0	62.00
63.00	AMB SVC-RILEY CLINICS	90.07	0	58,762	0	63.00
64.00	MOTILITY LAB	90.08	0	1,761	0	64.00
65.00	CLINICAL GERIATRICS	90.10	0	15	0	65.00
66.00	OP CARE ADULTS	90.12	0	3,456	0	66.00
67.00	ARTHRITIS CLINIC	90.14	0	1,004	0	67.00
68.00	PHYSICAL MEDICINE	90.17	0	12,435	0	68.00
69.00	DERMATOLOGY CLINIC	90.18	0	8,779	0	69.00
70.00	INFUSION/HEM/ONC	90.19	0	7,691	0	70.00
71.00	IUMG - MH	90.20	0	6,316	0	71.00
72.00	OP REHAB CLINIC	90.21	0	2,843	0	72.00
73.00	EATING DISORDERS CLINIC	90.22	0	11,652	0	73.00
74.00	EMERGENCY	91.00	0	279,657	0	74.00
75.00	HOME PROGRAM DIALYSIS	94.00	0	13,363	0	75.00
76.00	AMBULANCE SERVICES	95.00	0	100,716	0	76.00
77.00	KIDNEY ACQUISITION	105.00	0	80,461	0	77.00
78.00	HEART ACQUISITION	106.00	0	7,596	0	78.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
79.00	LIVER ACQUISITION	107.00	0	15,135	0		79.00
80.00	LUNG ACQUISITION	108.00	0	9,563	0		80.00
81.00	PANCREAS ACQUISITION	109.00	0	4,805	0		81.00
82.00	INTESTINE ACQUISITION	110.00	0	4,066	0		82.00
83.00	OTHER ORGAN ACQUISITION	112.00	0	3,118	0		83.00
84.00	RESEARCH	191.00	0	40,198	0		84.00
85.00	OSA	191.02	0	23,343	0		85.00
86.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,406	0		86.00
87.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	118,201	0		87.00
88.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	64,208	0		88.00
89.00	MHH RADIOLOGY	192.04	0	1,509	0		89.00
90.00	BELTWAY SURGERY	192.06	0	1,092	0		90.00
91.00	RHI	192.07	0	2,140	0		91.00
92.00	NON-ALLOWABLE ADVERTISING	192.08	0	67,635	0		92.00
93.00	ARTHRITIS CLINIC - NR	192.09	0	435	0		93.00
94.00	CARDIO PHYSICIANS	192.10	0	9,067	0		94.00
	TOTALS		0	8,025,616			
	O - RENAL ADMIN						
1.00	RENAL DIALYSIS	74.00	135,057	15,484	0		1.00
	TOTALS		135,057	15,484			
	P - PHONES						
1.00	DIETARY	10.00	0	1,239	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	6,699	0		2.00
3.00	OPERATING ROOM	50.00	0	4,574	0		3.00
4.00	PULMONARY FUNCTION TESTING	53.01	0	330	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,500	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	197	0		6.00
7.00	SPEECH PATHOLOGY	68.00	0	198	0		7.00
8.00	OUTPATIENT RETAIL PHARMACY	73.03	0	82	0		8.00
9.00	CARDIOLOGY	76.01	0	8,452	0		9.00
10.00	AMB SVC-OB & GYN	90.01	0	1,112	0		10.00
11.00	IUSCC HEM/ONC	90.02	0	30,415	0		11.00
12.00	OUTPATIENT SURGERY	90.06	0	36	0		12.00
13.00	SLEEP LAB	90.11	0	710	0		13.00
14.00	EMERGENCY	91.00	0	7,275	0		14.00
15.00	AMBULANCE SERVICES	95.00	0	47	0		15.00
16.00	HOME HEALTH AGENCY	101.00	0	2,047	0		16.00
17.00	KIDNEY ACQUISITION	105.00	0	378	0		17.00
18.00	LIVER ACQUISITION	107.00	0	378	0		18.00
19.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	4,720	0		19.00
	TOTALS		0	71,389			
	Q - FQHC NON-REIMBURSABLE						
1.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	26,360	54,431	0		1.00
	TOTALS		26,360	54,431			
	R - ORGANS						
1.00	KIDNEY ACQUISITION	105.00	1,202,367	279,891	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
	TOTALS		1,202,367	279,891			
	S - PRE-POST TRANSPLANT						
1.00	LUNG ACQUISITION	108.00	467,256	60,221	0		1.00
2.00	KIDNEY ACQUISITION	105.00	1,133,981	164,873	0		2.00
3.00	LIVER ACQUISITION	107.00	918,163	113,764	0		3.00
4.00	HEART ACQUISITION	106.00	421,640	51,062	0		4.00
5.00	PANCREAS ACQUISITION	109.00	100,455	17,609	0		5.00
6.00	INTESTINE ACQUISITION	110.00	263,436	27,903	0		6.00
	TOTALS		3,304,931	435,432			
	T - ACQUISITION WORK-UP EXP						
1.00	PANCREAS ACQUISITION	109.00	0	2,696	0		1.00
	TOTALS		0	2,696			
	U - NON-TXPL EMPLOYEES						
1.00	DIETARY	10.00	28,822	0	0		1.00
2.00	SOCIAL SERVICE	17.00	4,548	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	4,800	0	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	17,044	0	0		4.00
	TOTALS		55,214	0			

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	V - ADVERTISING					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	79,125	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	1,378	0	2.00
3.00	PARAMED ED HEALTH SCIENCES	23.01	0	3,229	0	3.00
4.00	PARAMED PASTORAL EDUCATION	23.05	0	56	0	4.00
5.00	PARAMED PHARMACY	23.07	0	953	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	618	0	6.00
7.00	LABORATORY	60.00	0	443	0	7.00
8.00	OUTPATIENT RETAIL PHARMACY	73.03	0	1,926	0	8.00
9.00	CARDIAC CATHERIZATION	76.03	0	64,728	0	9.00
10.00	DAY SURGERY	76.04	0	159	0	10.00
11.00	CARDIAC REHABILITATION	76.97	0	1,005	0	11.00
12.00	IUSCC HEM/ONC	90.02	0	10	0	12.00
13.00	EATING DISORDERS CLINIC	90.22	0	1,783	0	13.00
14.00	EMERGENCY	91.00	0	13,782	0	14.00
15.00	AMBULANCE SERVICES	95.00	0	25,692	0	15.00
16.00	HOME HEALTH AGENCY	101.00	0	3,564	0	16.00
17.00	KIDNEY ACQUISITION	105.00	0	1,384	0	17.00
18.00	RESEARCH	191.00	0	696	0	18.00
19.00	OSA	191.02	0	459,800	0	19.00
20.00	OTHER NONREIMBURSABLE-METHODIST	192.01	0	634,147	0	20.00
21.00	OTHER NONREIMBURSABLE - IUMC	192.02	0	3,568	0	21.00
22.00	BELTWAY SURGERY	192.06	0	223	0	22.00
	TOTALS		0	1,298,269		
500.00	Grand Total: Decreases		23,874,203	797,716,459		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	140,152,000	0	0	0	195,000	1.00
2.00	Land Improvements	38,201,000	1,038,000	0	1,038,000	0	2.00
3.00	Buildings and Fixtures	1,149,122,000	89,323,000	0	89,323,000	0	3.00
4.00	Building Improvements	606,044,000	13,418,000	0	13,418,000	0	4.00
5.00	Fixed Equipment	43,610,000	0	0	0	120,000	5.00
6.00	Movable Equipment	1,337,230,000	42,817,000	0	42,817,000	0	6.00
7.00	HIT designated Assets	148,364,394	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,462,723,394	146,596,000	0	146,596,000	315,000	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	3,462,723,394	146,596,000	0	146,596,000	315,000	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	139,957,000	0	1.00
2.00	Land Improvements	39,239,000	0	2.00
3.00	Buildings and Fixtures	1,238,445,000	0	3.00
4.00	Building Improvements	619,462,000	0	4.00
5.00	Fixed Equipment	43,490,000	0	5.00
6.00	Movable Equipment	1,380,047,000	0	6.00
7.00	HIT designated Assets	148,364,394	0	7.00
8.00	Subtotal (sum of lines 1-7)	3,609,004,394	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	3,609,004,394	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part II Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part III Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,080,593,000	0	2,080,593,000	0.576501	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,528,411,394	0	1,528,411,394	0.423499	0	2.00
3.00	Total (sum of lines 1-2)	3,609,004,394	0	3,609,004,394	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	38,780,415	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	61,635,308	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	100,415,723	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	38,780,415	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	61,635,308	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	100,415,723	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 6/1/2014 7:02 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)		0	NEW CAP REL COSTS-INTEREST	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-53,065,629			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	144,908,611			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST		0	NEW CAP REL COSTS-INTEREST	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	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

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 6/1/2014 7:02 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	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CATERING/FOOD REVENUE	B	-398,923	DIETARY	10.00	0	33.00
33.01	CATERING/FOOD REVENUE	B	-188,967	CAFETERIA	11.00	0	33.01
33.02	CATERING/FOOD REVENUE	B	-1,150	PARAMED EMERGENCY	23.04	0	33.02
33.03	CATERING/FOOD REVENUE	B	-2,674	PULMONARY FUNCTION TESTING	53.01	0	33.03
33.04	CATERING/FOOD REVENUE	B	67	ELECTROCARDIOLOGY	69.00	0	33.04
33.09	MEDICAL EDUCATION SUPPORT	A	10,000,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.09
33.11	UNNECESSARY INTEREST	A	-438,994	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.11
33.12	MEDICAID HAF FEES (FROM HOME OFC)	A	40,157,913	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.12
33.13	MEDICAID HAF FEES	A	-40,157,913	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.13
33.14	CONTRIBUTION EXPENSE	A	-32,143	EMERGENCY	91.00	0	33.14
33.16	BOND MARKETING COSTS	A	-1,920	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.16
33.17	IHA & AHA LOBBYING FEES	A	-29,876	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.17
33.18	PHYSICIAN BILLING	A	-4,670	CLINICAL GERIATRICS	90.10	0	33.18
33.19	PHYSICIAN BILLING	A	-5,701	AMBULANCE SERVICES	95.00	0	33.19
33.20	GARAGE	A	-336,902	OPERATION OF PLANT	7.00	0	33.20
33.21	GARAGE	A	-45,978	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.21
33.22	GARAGE	A	-963,055	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.22
33.23	CLASS & LECTURE REVENUE	B	-303	DIETARY	10.00	0	33.23
33.24	CLASS & LECTURE REVENUE	B	-79,756	NURSING ADMINISTRATION	13.00	0	33.24
33.25	CLASS & LECTURE REVENUE	B	-20,164	PARAMED ED HEALTH SCIENCES	23.01	0	33.25
33.26	CLASS & LECTURE REVENUE	B	-154,874	PARAMED RADIOLOGY-METHODIST	23.02	0	33.26
33.27	CLASS & LECTURE REVENUE	B	-450,666	PARAMED RESPIRATORY THERAPY	23.03	0	33.27
33.28	CLASS & LECTURE REVENUE	B	-73,233	PARAMED EMERGENCY	23.04	0	33.28
33.29	CLASS & LECTURE REVENUE	B	-98,802	PARAMED LAB SCIENCE PRO	23.06	0	33.29
33.30	CLASS & LECTURE REVENUE	B	-39,889	PARAMED SURGERY TECHNOLOGY	23.09	0	33.30
33.31	CLASS & LECTURE REVENUE	B	-17,743	PARAMED PHARMACY TECH	23.10	0	33.31
33.32	CLASS & LECTURE REVENUE	B	-12,222	ADULTS & PEDIATRICS	30.00	0	33.32
33.38	NON-PATIENT LAB REVENUE	B	-1,300	LABORATORY	60.00	0	33.38
33.39	OTHER INSTITUTIONAL REV	B	-215,815	MEDICAL RECORDS & LIBRARY	16.00	0	33.39
33.40	OTHER INSTITUTIONAL REV	B	-308,705	ADULTS & PEDIATRICS	30.00	0	33.40
33.41	REV - GIFT SHOPS	B	-1,745	ADULTS & PEDIATRICS	30.00	0	33.41
33.42	REV - GIFT SHOPS	B	-597	NURSERY	43.00	0	33.42
33.43	VENDING REVENUE	B	-2,041	CAFETERIA	11.00	0	33.43
33.44	VENDING REVENUE	B	-1,317	HOME HEALTH AGENCY	101.00	0	33.44
33.45	MISC OPERATING REVENUE	B	-965,770	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.45
33.46	MISC OPERATING REVENUE	B	-16,429	OPERATION OF PLANT	7.00	0	33.46
33.47	MISC OPERATING REVENUE	B	-65,901	DIETARY	10.00	0	33.47
33.48	MISC OPERATING REVENUE	B	-490,792	PHARMACY	15.00	0	33.48
33.49	MISC OPERATING REVENUE	B	-5,445	ADULTS & PEDIATRICS	30.00	0	33.49
33.50	MISC OPERATING REVENUE	B	-9,670	PULMONARY FUNCTION TESTING	53.01	0	33.50
33.51	MISC OPERATING REVENUE	B	-18,115	RADIOLOGY-DIAGNOSTIC	54.00	0	33.51
33.52	MISC OPERATING REVENUE	B	-4,150,239	LABORATORY	60.00	0	33.52
33.53	MISC OPERATING REVENUE	B	-200	PHYSICAL THERAPY	66.00	0	33.53
33.54	MISC OPERATING REVENUE	B	-82,705	ELECTROCARDIOLOGY	69.00	0	33.54
33.55	MISC OPERATING REVENUE	B	-34	ELECTROENCEPHALOGRAPHY	70.00	0	33.55
33.56	MISC OPERATING REVENUE	B	-577,481	OUTPATIENT RETAIL PHARMACY	73.03	0	33.56
33.57	MISC OPERATING REVENUE	B	-1,807	CARDIOLOGY	76.01	0	33.57
33.58	MISC OPERATING REVENUE	B	-8,012	CARDIAC CATHERIZATION	76.03	0	33.58
33.59	MISC OPERATING REVENUE	B	-2,693	CARDIAC REHABILITATION	76.97	0	33.59
33.60	MISC OPERATING REVENUE	B	-51,341	AMB SVC-OB & GYN	90.01	0	33.60
33.61	MISC OPERATING REVENUE	B	-23,452	IUSCC HEM/ONC	90.02	0	33.61
33.62	MISC OPERATING REVENUE	B	-453,914	EMERGENCY	91.00	0	33.62
33.63	MISC OPERATING REVENUE	B	-255,204	HOME HEALTH AGENCY	101.00	0	33.63
33.64	MISC OPERATING REVENUE	B	-562,000	KIDNEY ACQUISITION	105.00	0	33.64
33.65	REBATE REVENUE	B	-970	ADULTS & PEDIATRICS	30.00	0	33.65
33.66	TRANSITION SERVICES	B	433	OUTPATIENT RETAIL PHARMACY	73.03	0	33.66

ADJUSTMENTS TO EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 6/1/2014 7:02 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	
33.67	PHYSICIAN FEES - HOME HEALTH	A	-189,096	HOME HEALTH AGENCY	101.00	0	33.67
33.68	PHYSICIAN FEES - RESEARCH	A	20,706	RESEARCH	191.00	0	33.68
33.69	PHYSICIAN FEES - OSA	A	-1,572,801	OSA	191.02	0	33.69
33.70	PHYSICIAN FEES - PHYS PRIVATE OFFICE	A	-633,800	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.70
33.71	PHYSICIAN FEES - OTHER NRCC - METHOD	A	-9,343,105	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.71
33.72	PHYSICIAN FEES - OTHER NRCC - UNIVER	A	-22,072,112	OTHER NONREIMBURSABLE - IUMC	192.02	0	33.72
33.73	PHYSICIAN FEES - BELTWAY SURGERY	A	-339,266	BELTWAY SURGERY	192.06	0	33.73
33.74	PHYSICIAN FEES - ADVERTISTING	A	-39,033	NON-ALLOWABLE ADVERTISING	192.08	0	33.74
33.75	PHYSICIAN FEES - CARDIO PHYSICIANS	A	-256,804	CARDIO PHYSICIANS	192.10	0	33.75
33.76	EMPLOYEE BENEFITS TO HOME OFFICE	A	-117,198,117	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.76
33.77	PTO TO HOME OFFICE	A	-7,935,292	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.77
33.78	MALPRACTICE INSURANCE	A	-19,988	IUSCC HEM/ONC	90.02	0	33.78
33.79	MALPRACTICE INSURANCE	A	-213,301	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.79
33.80	FQHC BAD DEBT	A	-274,150	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	33.80
33.81	FQHC BAD DEBT	A	-5,774	OTHER NONREIMBURSABLE-METHODIST	192.01	0	33.81
33.82	DEPRECIATION EXP TO HOME OFFICE	A	-1,309,627	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.82
33.83	DEPRECIATION ALLOC TO HOME OFFICE	A	8,355,928	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.83
33.84	PHARMACY SAL FROM HOME OFFICE	A	5,799	PARAMED PHARMACY	23.07	0	33.84
33.85	PHARM OTHER FROM HOME OFFICE	A	444	PARAMED PHARMACY	23.07	0	33.85
33.87	PHARMACY RESEARCH	A	-1,928,286	PHARMACY	15.00	0	33.87
33.88	PHONES EXPENSE TO HOME OFFICE	A	-69,125	NONPATIENT TELEPHONES	5.01	0	33.88
33.89	FQHC MISC REVENUE	B	-40,364	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0	33.89
33.90	LATE FEE INTEREST	A	-750	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.90
33.91	LATE FEE INTEREST	A	-38	ADULTS & PEDIATRICS	30.00	0	33.91
33.92	LATE FEE INTEREST	A	-40	OPERATING ROOM	50.00	0	33.92
33.93	LATE FEE INTEREST	A	-26	RECOVERY ROOM	51.00	0	33.93
33.94	LATE FEE INTEREST	A	-309	RADIOLOGY-DIAGNOSTIC	54.00	0	33.94
33.95	LATE FEE INTEREST	A	-29	RADIOLOGY-THERAPEUTIC	55.00	0	33.95
33.96	LATE FEE INTEREST	A	-5	RADIOISOTOPE	56.00	0	33.96
33.97	LATE FEE INTEREST	A	-753	LABORATORY	60.00	0	33.97
33.98	LATE FEE INTEREST	A	-47	PHYSICAL THERAPY	66.00	0	33.98
33.99	LATE FEE INTEREST	A	-4	ELECTROENCEPHALOGRAPHY	70.00	0	33.99
34.00	LATE FEE INTEREST	A	-5	OUTPATIENT RETAIL PHARMACY	73.03	0	34.00
34.01	LATE FEE INTEREST	A	-5	CARDIOLOGY	76.01	0	34.01
34.02	LATE FEE INTEREST	A	-5	CARDIAC CATHERIZATION	76.03	0	34.02
34.03	LATE FEE INTEREST	A	-246	IUSCC HEM/ONC	90.02	0	34.03
34.04	LATE FEE INTEREST	A	-11	AMB SVC-OPTHALMOLOGY	90.03	0	34.04
34.05	LATE FEE INTEREST	A	-22	OUTPATIENT SURGERY	90.06	0	34.05
34.06	LATE FEE INTEREST	A	-49	AMB SVC-RILEY CLINICS	90.07	0	34.06
34.07	LATE FEE INTEREST	A	-5	CLINICAL GERIATRICS	90.10	0	34.07
34.08	LATE FEE INTEREST	A	-24	ARTHRITIS CLINIC	90.14	0	34.08
34.09	LATE FEE INTEREST	A	-22	PHYSICAL MEDICINE	90.17	0	34.09
34.10	LATE FEE INTEREST	A	-15	EMERGENCY	91.00	0	34.10
34.11	LATE FEE INTEREST	A	-5	HOME PROGRAM DIALYSIS	94.00	0	34.11
34.12	LATE FEE INTEREST	A	-26	KIDNEY ACQUISITION	105.00	0	34.12
34.13	LATE FEE INTEREST	A	-25	OSA	191.02	0	34.13
34.14	LATE FEE INTEREST	A	-234	OTHER NONREIMBURSABLE-METHODIST	192.01	0	34.14
34.60	POSITIVE ADJ TO ZERO OUT L191.01	A	1,682	RESEARCH-GCRC	191.01	0	34.60
34.61	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.61
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-64,886,999				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-1 | Date/Time Prepared: 6/1/2014 7:02 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	INTERCOMPANY TRANSACTIONS	39,743,470	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	INTERCOMPANY TRANSACTIONS	18,407,046	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY TRANSACTIONS	127,425,683	133,745	3.00
4.00	5.01	NONPATIENT TELEPHONES	INTERCOMPANY TRANSACTIONS	112,763	112,763	4.00
4.01	5.02	DATA PROCESSING	INTERCOMPANY TRANSACTIONS	61,241,068	36,881	4.01
4.02	5.03	PURCHASING, RECEIVING, & STO	INTERCOMPANY TRANSACTIONS	12,803,328	9,876	4.02
4.03	5.04	ADMITTING	INTERCOMPANY TRANSACTIONS	10,841,520	0	4.03
4.04	5.05	CASHIERING	INTERCOMPANY TRANSACTIONS	31,670,029	0	4.04
4.05	5.06	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY TRANSACTIONS	75,197,981	301,625,746	4.05
4.06	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY TRANSACTIONS	21,253,828	30,264	4.06
4.07	7.00	OPERATION OF PLANT	INTERCOMPANY TRANSACTIONS	73,858,967	10,156	4.07
4.08	9.01	HOUSEKEEPING - UNIVERSITY	INTERCOMPANY TRANSACTIONS	3,291,112	0	4.08
4.09	9.02	HOUSEKEEPING - RILEY	INTERCOMPANY TRANSACTIONS	2,716,747	0	4.09
4.10	9.03	HOUSEKEEPING - METHODIST	INTERCOMPANY TRANSACTIONS	5,293,305	0	4.10
4.11	10.00	DIETARY	INTERCOMPANY TRANSACTIONS	385,359	1,113,009	4.11
4.12	11.00	CAFETERIA	INTERCOMPANY TRANSACTIONS	1,740,374	0	4.12
4.13	13.00	NURSING ADMINISTRATION	INTERCOMPANY TRANSACTIONS	5,356,299	438,000	4.13
4.14	14.00	CENTRAL SERVICES & SUPPLY	INTERCOMPANY TRANSACTIONS	0	135,327	4.14
4.15	15.00	PHARMACY	INTERCOMPANY TRANSACTIONS	48,041	504,115	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	INTERCOMPANY TRANSACTIONS	8,374,140	0	4.16
4.17	17.00	SOCIAL SERVICE	INTERCOMPANY TRANSACTIONS	0	354,943	4.17
4.18	22.00	I&R SERVICES-OTHER PRGM COST	INTERCOMPANY TRANSACTIONS	1,559,556	1,559,556	4.18
4.19	23.03	PARAMED RESPIRATORY THERAPY	INTERCOMPANY TRANSACTIONS	15,000	15,000	4.19
4.20	23.05	PARAMED PASTORAL EDUCATION	INTERCOMPANY TRANSACTIONS	0	17,098	4.20
4.21	30.00	ADULTS & PEDIATRICS	INTERCOMPANY TRANSACTIONS	375,191	494,584	4.21
4.22	34.02	UH SURG 6IC	INTERCOMPANY TRANSACTIONS	0	15,806	4.22
4.23	40.00	SUBPROVIDER - IPF	INTERCOMPANY TRANSACTIONS	997,532	997,532	4.23
4.24	50.00	OPERATING ROOM	INTERCOMPANY TRANSACTIONS	1,599,939	1,685,223	4.24
4.25	51.00	RECOVERY ROOM	INTERCOMPANY TRANSACTIONS	28,064	28,064	4.25
4.26	53.00	ANESTHESIOLOGY	INTERCOMPANY TRANSACTIONS	6,850,320	6,850,320	4.26
4.27	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY TRANSACTIONS	896,759	1,775,302	4.27
4.28	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY TRANSACTIONS	0	385,666	4.28
4.29	56.00	RADIOISOTOPE	INTERCOMPANY TRANSACTIONS	0	1,041	4.29
4.30	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY TRANSACTIONS	135,617	154,159	4.30
4.31	60.00	LABORATORY	INTERCOMPANY TRANSACTIONS	63,356	31,777,854	4.31
4.32	60.01	TRANSPLANT IMMUNOLOGY	INTERCOMPANY TRANSACTIONS	41,477	54,490	4.32
4.33	60.02	BONE MARROW TRANSPLANT LAB	INTERCOMPANY TRANSACTIONS	0	-1,652	4.33
4.34	63.00	BLOOD STORING, PROCESSING &	INTERCOMPANY TRANSACTIONS	0	3,746	4.34
4.35	65.00	RESPIRATORY THERAPY	INTERCOMPANY TRANSACTIONS	0	24	4.35
4.36	66.00	PHYSICAL THERAPY	INTERCOMPANY TRANSACTIONS	0	89,559	4.36
4.37	69.00	ELECTROCARDIOLOGY	INTERCOMPANY TRANSACTIONS	2,017,795	2,585,200	4.37
4.38	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY TRANSACTIONS	0	325,201	4.38
4.39	73.03	OUTPATIENT RETAIL PHARMACY	INTERCOMPANY TRANSACTIONS	59,123	157,614	4.39
4.40	74.00	RENAL DIALYSIS	INTERCOMPANY TRANSACTIONS	133,956	133,956	4.40
4.41	76.01	CARDIOLOGY	INTERCOMPANY TRANSACTIONS	80,715	80,715	4.41
4.42	76.02	PSYCH OTHER ANCILLARY	INTERCOMPANY TRANSACTIONS	1,821,420	1,821,420	4.42
4.43	76.03	CARDIAC CATHERIZATION	INTERCOMPANY TRANSACTIONS	1,629,024	1,672,616	4.43
4.44	90.01	AMB SVC-OB & GYN	INTERCOMPANY TRANSACTIONS	0	4,500	4.44
4.45	90.02	IUSCC HEM/ONC	INTERCOMPANY TRANSACTIONS	11,328,203	11,399,034	4.45
4.46	90.06	OUTPATIENT SURGERY	INTERCOMPANY TRANSACTIONS	16,667	55,507	4.46
4.47	90.07	AMB SVC-RILEY CLINICS	INTERCOMPANY TRANSACTIONS	0	2,964,565	4.47
4.48	90.08	MOTILITY LAB	INTERCOMPANY TRANSACTIONS	0	19,752	4.48
4.49	90.10	CLINICAL GERIATRICS	INTERCOMPANY TRANSACTIONS	1,026,745	1,026,745	4.49
4.50	90.11	SLEEP LAB	INTERCOMPANY TRANSACTIONS	0	30,854	4.50
4.51	90.14	ARTHRITIS CLINIC	INTERCOMPANY TRANSACTIONS	-1,926	-1,926	4.51
4.52	90.17	PHYSICAL MEDICINE	INTERCOMPANY TRANSACTIONS	37,869	37,869	4.52
4.53	90.18	DERMATOLOGY CLINIC	INTERCOMPANY TRANSACTIONS	0	4,165	4.53
4.54	90.19	INFUSION/HEM/ONC	INTERCOMPANY TRANSACTIONS	310,127	310,482	4.54
4.55	90.22	EATING DISORDERS CLINIC	INTERCOMPANY TRANSACTIONS	31,200	31,200	4.55
4.56	90.23	GASTROENTEROLOGY CLINIC	INTERCOMPANY TRANSACTIONS	100,000	100,000	4.56
4.57	91.00	EMERGENCY	INTERCOMPANY TRANSACTIONS	5,804,696	5,994,598	4.57
4.58	94.00	HOME PROGRAM DIALYSIS	INTERCOMPANY TRANSACTIONS	90,743	90,743	4.58
4.59	95.00	AMBULANCE SERVICES	INTERCOMPANY TRANSACTIONS	0	399,238	4.59
4.60	101.00	HOME HEALTH AGENCY	INTERCOMPANY TRANSACTIONS	206,294	3,399,827	4.60
4.61	105.00	KIDNEY ACQUISITION	INTERCOMPANY TRANSACTIONS	108,342	108,342	4.61
4.62	106.00	HEART ACQUISITION	INTERCOMPANY TRANSACTIONS	4,167	4,167	4.62
4.63	107.00	LIVER ACQUISITION	INTERCOMPANY TRANSACTIONS	1,792,381	1,792,381	4.63
4.64	191.00	RESEARCH	INTERCOMPANY TRANSACTIONS	0	42,161	4.64
4.65	191.02	OSA	INTERCOMPANY TRANSACTIONS	0	88,403	4.65
4.66	192.00	PHYSICIANS' PRIVATE OFFICES	INTERCOMPANY TRANSACTIONS	3,601,389	3,601,389	4.66

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-1 Date/Time Prepared: 6/1/2014 7:02 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
4.67	192.01	OTHER NONREIMBURSABLE-METHOD	INTERCOMPANY TRANSACTIONS	3,929,811	4,945,998	4.67
4.68	192.02	OTHER NONREIMBURSABLE - IUMC	INTERCOMPANY TRANSACTIONS	21,435,762	21,750,676	4.68
4.69	192.08	NON-ALLOWABLE ADVERTISING	INTERCOMPANY TRANSACTIONS	234,250	7,828,424	4.69
4.70	192.10	CARDIO PHYSICIANS	INTERCOMPANY TRANSACTIONS	226,770	226,770	4.70
4.71	0.00			0	0	4.71
4.72	0.00			0	0	4.72
4.73	0.00			0	0	4.73
4.74	0.00			0	0	4.74
4.75	0.00			0	0	4.75
4.76	0.00			0	0	4.76
4.77	0.00			0	0	4.77
4.78	0.00			0	0	4.78
4.79	0.00			0	0	4.79
4.80	0.00			0	0	4.80
4.81	0.00			0	0	4.81
4.82	0.00			0	0	4.82
4.83	0.00			0	0	4.83
4.84	0.00			0	0	4.84
4.85	0.00			0	0	4.85
4.86	0.00			0	0	4.86
4.87	0.00			0	0	4.87
4.88	0.00			0	0	4.88
4.89	0.00			0	0	4.89
4.90	0.00			0	0	4.90
4.91	0.00			0	0	4.91
4.92	0.00			0	0	4.92
4.93	0.00			0	0	4.93
4.94	0.00			0	0	4.94
4.95	0.00			0	0	4.95
4.96	0.00			0	0	4.96
4.97	0.00			0	0	4.97
4.98	0.00			0	0	4.98
4.99	0.00			0	0	4.99
5.00	0		0	568,349,394	423,440,783	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	B		0.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-1 | Date/Time Prepared: 6/1/2014 7:02 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	39,743,470	9		1.00
2.00	18,407,046	9		2.00
3.00	127,291,938	0		3.00
4.00	0	0		4.00
4.01	61,204,187	0		4.01
4.02	12,793,452	0		4.02
4.03	10,841,520	0		4.03
4.04	31,670,029	0		4.04
4.05	-226,427,765	0		4.05
4.06	21,223,564	0		4.06
4.07	73,848,811	0		4.07
4.08	3,291,112	0		4.08
4.09	2,716,747	0		4.09
4.10	5,293,305	0		4.10
4.11	-727,650	0		4.11
4.12	1,740,374	0		4.12
4.13	4,918,299	0		4.13
4.14	-135,327	0		4.14
4.15	-456,074	0		4.15
4.16	8,374,140	0		4.16
4.17	-354,943	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	-17,098	0		4.20
4.21	-119,393	0		4.21
4.22	-15,806	0		4.22
4.23	0	0		4.23
4.24	-85,284	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	-878,543	0		4.27
4.28	-385,666	0		4.28
4.29	-1,041	0		4.29
4.30	-18,542	0		4.30
4.31	-31,714,498	0		4.31
4.32	-13,013	0		4.32
4.33	1,652	0		4.33
4.34	-3,746	0		4.34
4.35	-24	0		4.35
4.36	-89,559	0		4.36
4.37	-567,405	0		4.37
4.38	-325,201	0		4.38
4.39	-98,491	0		4.39
4.40	0	0		4.40
4.41	0	0		4.41
4.42	0	0		4.42
4.43	-43,592	0		4.43
4.44	-4,500	0		4.44
4.45	-70,831	0		4.45
4.46	-38,840	0		4.46
4.47	-2,964,565	0		4.47
4.48	-19,752	0		4.48
4.49	0	0		4.49
4.50	-30,854	0		4.50
4.51	0	0		4.51
4.52	0	0		4.52
4.53	-4,165	0		4.53
4.54	-355	0		4.54
4.55	0	0		4.55
4.56	0	0		4.56
4.57	-189,902	0		4.57
4.58	0	0		4.58
4.59	-399,238	0		4.59
4.60	-3,193,533	0		4.60
4.61	0	0		4.61
4.62	0	0		4.62
4.63	0	0		4.63
4.64	-42,161	0		4.64
4.65	-88,403	0		4.65
4.66	0	0		4.66

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-1 Date/Time Prepared: 6/1/2014 7:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
4.67	-1,016,187	0		4.67
4.68	-314,914	0		4.68
4.69	-7,594,174	0		4.69
4.70	0	0		4.70
4.71	0	0		4.71
4.72	0	0		4.72
4.73	0	0		4.73
4.74	0	0		4.74
4.75	0	0		4.75
4.76	0	0		4.76
4.77	0	0		4.77
4.78	0	0		4.78
4.79	0	0		4.79
4.80	0	0		4.80
4.81	0	0		4.81
4.82	0	0		4.82
4.83	0	0		4.83
4.84	0	0		4.84
4.85	0	0		4.85
4.86	0	0		4.86
4.87	0	0		4.87
4.88	0	0		4.88
4.89	0	0		4.89
4.90	0	0		4.90
4.91	0	0		4.91
4.92	0	0		4.92
4.93	0	0		4.93
4.94	0	0		4.94
4.95	0	0		4.95
4.96	0	0		4.96
4.97	0	0		4.97
4.98	0	0		4.98
4.99	0	0		4.99
5.00	144,908,611			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 6/1/2014 7:02 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	14,801,860	14,801,860	0	0	0	1.00
2.00	10.00	AGGREGATE-DIETARY	327,049	327,049	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	432,712	432,712	0	0	0	3.00
4.00	15.00	AGGREGATE-PHARMACY	50,025	50,025	0	0	0	4.00
5.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	50,000	50,000	0	0	0	5.00
6.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	3,149,730	3,149,730	0	0	0	6.00
7.00	23.01	AGGREGATE-PARAMED ED HEALTH SCIENCES	0	0	0	0	0	7.00
8.00	23.03	AGGREGATE-PARAMED RESPIRATORY THERAP	15,000	15,000	0	0	0	8.00
9.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,748,701	3,748,701	0	0	0	9.00
10.00	32.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	32,805	32,805	0	0	0	10.00
11.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	-729	-729	0	0	0	11.00
12.00	34.04	AGGREGATE-RH PED IC	30,680	30,680	0	0	0	12.00
13.00	34.06	AGGREGATE-PEDS CANCER CARE	59,167	59,167	0	0	0	13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - IPF	997,582	997,582	0	0	0	14.00
15.00	43.00	AGGREGATE-NURSERY	169,344	169,344	0	0	0	15.00
16.00	50.00	AGGREGATE-OPERATING ROOM	1,501,971	1,501,971	0	0	0	16.00
17.00	53.00	AGGREGATE-ANESTHESIOLOGY	9,342,332	9,342,332	0	0	0	17.00
18.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	223,127	223,127	0	0	0	18.00
19.00	60.00	AGGREGATE-LABORATORY	2,362,921	2,362,921	0	0	0	19.00
20.00	60.01	AGGREGATE-TRANSPLANT IMMUNOLOGY	41,477	41,477	0	0	0	20.00
21.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	1,902,768	1,902,768	0	0	0	21.00
22.00	74.00	AGGREGATE-RENAL DIALYSIS	133,956	133,956	0	0	0	22.00
23.00	76.01	AGGREGATE-CARDIOLOGY	60,150	60,150	0	0	0	23.00
24.00	76.02	AGGREGATE-PSYCH OTHER ANCILLARY	1,821,420	1,821,420	0	0	0	24.00
25.00	76.03	AGGREGATE-CARDIAC CATHERIZATION	2,706,383	2,706,383	0	0	0	25.00
26.00	90.02	AGGREGATE-IUSCC HEM/ONC	243,003	243,003	0	0	0	26.00
27.00	90.06	AGGREGATE-OUTPATIENT SURGERY	50,000	50,000	0	0	0	27.00
28.00	90.10	AGGREGATE-CLINICAL GERIATRICS	1,028,788	1,028,788	0	0	0	28.00
29.00	90.22	AGGREGATE-EATING DISORDERS CLINIC	229,649	229,649	0	0	0	29.00
30.00	90.23	AGGREGATE-GASTROENTEROLOGY CLINIC	100,000	100,000	0	0	0	30.00
31.00	91.00	AGGREGATE-EMERGENCY	5,747,200	5,747,200	0	0	0	31.00
32.00	94.00	AGGREGATE-HOME PROGRAM DIALYSIS	90,743	90,743	0	0	0	32.00
33.00	105.00	AGGREGATE-KIDNEY ACQUISITION	108,342	108,342	0	0	0	33.00
34.00	106.00	AGGREGATE-HEART ACQUISITION	18,750	18,750	0	0	0	34.00
35.00	107.00	AGGREGATE-LIVER ACQUISITION	1,497,423	1,497,423	0	0	0	35.00
36.00	108.00	AGGREGATE-LUNG ACQUISITION	-8,700	-8,700	0	0	0	36.00
200.00			53,065,629	53,065,629	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	10.00	AGGREGATE-DIETARY	0	0	0	0	0	2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	15.00	AGGREGATE-PHARMACY	0	0	0	0	0	4.00
5.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	0	0	0	0	0	5.00
6.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	6.00
7.00	23.01	AGGREGATE-PARAMED ED HEALTH SCIENCES	0	0	0	0	0	7.00
8.00	23.03	AGGREGATE-PARAMED RESPIRATORY THERAP	0	0	0	0	0	8.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 6/1/2014 7:02 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	
9.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	32.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	10.00
11.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	0	0	0	0	0	11.00
12.00	34.04	AGGREGATE-RH PED IC	0	0	0	0	0	12.00
13.00	34.06	AGGREGATE-PEDS CANCER CARE	0	0	0	0	0	13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	0	0	14.00
15.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	15.00
16.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	16.00
17.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	17.00
18.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	18.00
19.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	19.00
20.00	60.01	AGGREGATE-TRANSPLANT IMMUNOLOGY	0	0	0	0	0	20.00
21.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	21.00
22.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	0	0	22.00
23.00	76.01	AGGREGATE-CARDIOLOGY	0	0	0	0	0	23.00
24.00	76.02	AGGREGATE-PSYCH OTHER ANCILLARY	0	0	0	0	0	24.00
25.00	76.03	AGGREGATE-CARDIAC CATHERIZATION	0	0	0	0	0	25.00
26.00	90.02	AGGREGATE-IUSCC HEM/ONC	0	0	0	0	0	26.00
27.00	90.06	AGGREGATE-OUTPATIENT SURGERY	0	0	0	0	0	27.00
28.00	90.10	AGGREGATE-CLINICAL GERIATRICS	0	0	0	0	0	28.00
29.00	90.22	AGGREGATE-EATING DISORDERS CLINIC	0	0	0	0	0	29.00
30.00	90.23	AGGREGATE-GASTROENTEROLOGY CLINIC	0	0	0	0	0	30.00
31.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	31.00
32.00	94.00	AGGREGATE-HOME PROGRAM DIALYSIS	0	0	0	0	0	32.00
33.00	105.00	AGGREGATE-KIDNEY ACQUISITION	0	0	0	0	0	33.00
34.00	106.00	AGGREGATE-HEART ACQUISITION	0	0	0	0	0	34.00
35.00	107.00	AGGREGATE-LIVER ACQUISITION	0	0	0	0	0	35.00
36.00	108.00	AGGREGATE-LUNG ACQUISITION	0	0	0	0	0	36.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	14,801,860		1.00
2.00	10.00	AGGREGATE-DIETARY	0	0	0	327,049		2.00
3.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	432,712		3.00
4.00	15.00	AGGREGATE-PHARMACY	0	0	0	50,025		4.00
5.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	0	0	0	50,000		5.00
6.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	3,149,730		6.00
7.00	23.01	AGGREGATE-PARAMED ED HEALTH SCIENCES	0	0	0	0		7.00
8.00	23.03	AGGREGATE-PARAMED RESPIRATORY THERAP	0	0	0	15,000		8.00
9.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	3,748,701		9.00
10.00	32.01	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	32,805		10.00
11.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	0	0	0	-729		11.00
12.00	34.04	AGGREGATE-RH PED IC	0	0	0	30,680		12.00
13.00	34.06	AGGREGATE-PEDS CANCER CARE	0	0	0	59,167		13.00
14.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	997,582		14.00
15.00	43.00	AGGREGATE-NURSERY	0	0	0	169,344		15.00
16.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,501,971		16.00
17.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	9,342,332		17.00
18.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	223,127		18.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 6/1/2014 7:02 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		
19.00	60.00	AGGREGATE-LABORATORY	0	0	0	2,362,921		19.00
20.00	60.01	AGGREGATE-TRANSPLANT IMMUNOLOGY	0	0	0	41,477		20.00
21.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	1,902,768		21.00
22.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	133,956		22.00
23.00	76.01	AGGREGATE-CARDIOLOGY	0	0	0	60,150		23.00
24.00	76.02	AGGREGATE-PSYCH OTHER ANCILLARY	0	0	0	1,821,420		24.00
25.00	76.03	AGGREGATE-CARDIAC CATHERIZATION	0	0	0	2,706,383		25.00
26.00	90.02	AGGREGATE-IUSCC HEM/ONC	0	0	0	243,003		26.00
27.00	90.06	AGGREGATE-OUTPATIENT SURGERY	0	0	0	50,000		27.00
28.00	90.10	AGGREGATE-CLINICAL GERIATRICS	0	0	0	1,028,788		28.00
29.00	90.22	AGGREGATE-EATING DISORDERS CLINIC	0	0	0	229,649		29.00
30.00	90.23	AGGREGATE-GASTROENTEROLOGY CLINIC	0	0	0	100,000		30.00
31.00	91.00	AGGREGATE-EMERGENCY	0	0	0	5,747,200		31.00
32.00	94.00	AGGREGATE-HOME PROGRAM DIALYSIS	0	0	0	90,743		32.00
33.00	105.00	AGGREGATE-KIDNEY ACQUISITION	0	0	0	108,342		33.00
34.00	106.00	AGGREGATE-HEART ACQUISITION	0	0	0	18,750		34.00
35.00	107.00	AGGREGATE-LIVER ACQUISITION	0	0	0	1,497,423		35.00
36.00	108.00	AGGREGATE-LUNG ACQUISITION	0	0	0	-8,700		36.00
200.00			0	0	0	53,065,629		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	38,780,415	38,780,415				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0	0			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	61,635,308			61,635,308		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	135,360,578	12,196	0	0	135,372,774	4.00
5.01	00510	NONPATIENT TELEPHONES	132,854	0	0	0	0	5.01
5.02	00511	DATA PROCESSING	61,296,148	19,702	0	0	8,490	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	12,959,161	21,366	0	232,163	2,273	5.03
5.04	00513	ADMITTING	10,885,419	13,434	0	0	0	5.04
5.05	00514	CASHIERING	31,670,029	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	107,626,944	1,053,132	0	3,138,580	3,121,777	5.06
6.00	00600	MAINTENANCE & REPAIRS	23,563,464	245,174	0	1,750	77,120	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	76,414,956	24,713	0	88,519	388,882	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,988	314,482	0	1,436	233	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,291,112	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	2,716,747	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,791,785	17,443	0	0	75,068	9.03
10.00	01000	DIETARY	10,174,383	374,667	0	178,129	1,960,275	10.00
11.00	01100	CAFETERIA	1,857,660	12,063	0	0	24,479	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	22,647,613	295,110	0	294,529	3,669,621	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	125,645,874	473,226	0	640,785	604,971	14.00
15.00	01500	PHARMACY	75,674,900	540,189	0	2,291,730	6,394,176	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,552,510	8,991	0	0	76,055	16.00
17.00	01700	SOCIAL SERVICE	6,802,600	53,160	0	2,592	1,001,140	17.00
18.00	01850	PATIENT TRANSPORTATION	1,986,251	8,603	0	78,982	421,874	18.00
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	39,652,250	30,811	0	0	6,788,646	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,809,928	440,136	0	18,061	121,672	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	173,220	99,278	0	23,279	29,893	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	788,045	36,578	0	0	199,759	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	35,122	0	0	86,838	23.03
23.04	02304	PARAMED EMERGENCY	181,270	34,139	0	0	53,327	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	546,669	0	0	0	129,251	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	428,590	0	0	0	110,712	23.06
23.07	02307	PARAMED PHARMACY	1,280,256	0	0	3,192	262,664	23.07
23.08	02308	PARAMED MEDICAL ASSIST	20	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	206,126	21,640	0	0	52,006	23.09
23.10	02310	PARAMED PHARMACY TECH	237,020	21,158	0	0	53,863	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	134,548,462	7,033,542	0	5,283,788	27,908,199	30.00
31.00	03100	INTENSIVE CARE UNIT	15,076,381	469,945	0	251,194	3,155,926	31.00
32.00	03200	CORONARY CARE UNIT	11,490,384	370,488	0	108,702	2,388,758	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	4,653,399	78,110	0	157,599	978,237	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,555,498	142,568	0	30,528	318,962	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	3,856,253	0	0	142,559	797,605	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	8,453,020	276,221	0	182,902	1,764,246	34.04
34.05	03404	TRANSPLANT ICU	2,147,611	128,188	0	1,678	443,586	34.05
34.06	03407	PEDS CANCER CARE	1,358,287	403,067	0	597,053	275,716	34.06
40.00	04000	SUBPROVIDER - IPF	3,476,470	202,479	0	13,984	729,806	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,951,618	155,917	0	50,737	832,595	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,095,326	2,156,550	0	11,804,529	6,992,035	50.00
50.01	05001	ENDOSCOPY	1,320,219	63,655	0	347,216	254,754	50.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2.00	4.00	
51.00	05100	RECOVERY ROOM	6,138,244	482,793	0	187,101	1,264,139	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,781,110	530,631	0	402,120	1,609,742	52.00
53.00	05300	ANESTHESIOLOGY	1,629,728	14,909	0	802,282	324,912	53.00
53.01	05301	PULMONARY FUNCTION TESTING	2,918,313	186,775	0	247,345	580,758	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,888,969	2,249,190	0	12,409,384	5,831,764	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,783,494	417,163	0	1,439,996	1,002,621	55.00
56.00	05600	RADIOISOTOPE	1,026,151	184,459	0	257,017	196,310	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,032,847	106,973	0	0	202,630	59.00
60.00	06000	LABORATORY	18,755,531	1,643,409	0	1,706,774	7,193,293	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,260,334	42,260	0	18,817	206,260	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,054,868	167,224	0	161,182	215,316	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,323,044	84,945	0	77,514	704,050	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21,290,173	236,948	0	1,065,273	4,471,928	65.00
66.00	06600	PHYSICAL THERAPY	12,567,981	389,916	0	261,270	2,515,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,394,739	114,886	0	23,521	508,760	67.00
68.00	06800	SPEECH PATHOLOGY	3,420,507	243,321	0	273,512	721,180	68.00
69.00	06900	ELECTROCARDIOLOGY	2,245,500	105,461	0	303,519	580,022	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,577,285	184,658	0	627,870	883,315	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,775,848	28,967	0	0	44,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	60,197,532	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,297,780	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	8,411,272	53,945	0	266,434	1,621,208	73.03
74.00	07400	RENAL DIALYSIS	7,337,798	322,026	0	305,956	1,413,543	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	554,202	0	0	35,153	117,448	76.00
76.01	03021	CARDIOLOGY	3,800,887	91,412	0	1,319,001	468,840	76.01
76.02	03022	PSYCH OTHER ANCILLARY	203,988	26,973	0	6,025	39,603	76.02
76.03	03023	CARDIAC CATHERIZATION	6,047,598	289,239	0	542,868	936,719	76.03
76.04	03024	DAY SURGERY	4,560,392	248,984	0	40,813	953,077	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	29,333	0	0	0	6,280	76.08
76.97	07697	CARDIAC REHABILITATION	459,700	11,231	0	1,672	64,200	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	4,448,731	0	0	0	734,397	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	2,206,099	191,682	0	90,523	476,789	90.01
90.02	09002	IUSCC HEM/ONC	31,087,757	1,220,167	0	4,315,485	5,816,021	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	257,677	3,167	0	299,617	51,867	90.03
90.04	09004	AMB SVC-PSYCH ADULT	416,661	272,382	0	54,559	86,401	90.04
90.05	09005	AMB SVC-DIABETES ADULT	187	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	2,353,060	108,136	0	201,401	493,594	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,695,232	357,271	0	305,426	993,504	90.07
90.08	09008	MOTILITY LAB	94,546	4,018	0	32,342	23,560	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	30,149	43,990	0	3,810	5,108	90.10
90.11	09023	SLEEP LAB	3,369,123	125,938	0	84,548	540,730	90.11
90.12	09024	OP CARE ADULTS	291,816	95,609	0	3,079	61,182	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	236,652	0	0	3,697	34,706	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	855,550	131,970	0	8,819	158,467	90.17
90.18	09016	DERMATOLOGY CLINIC	634,840	81,097	0	56,619	132,400	90.18
90.19	09017	INFUSION/HEM/ONC	1,038,786	0	0	7,037	152,270	90.19
90.20	09025	IUMG - MH	376,361	0	0	2,591	79,905	90.20
90.21	09019	OP REHAB CLINIC	149,832	19,920	0	1,981	31,658	90.21
90.22	09020	EATING DISORDERS CLINIC	1,155,899	0	0	29,752	189,686	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	582,240	103,201	0	0	111,285	90.23

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2.00	4.00	
91.00	09100	EMERGENCY	19,446,041	1,053,699	0	396,106	4,068,708	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,081,871	110,452	0	81,167	195,611	94.00
95.00	09500	AMBULANCE SERVICES	19,175,003	0	0	3,087,916	1,654,745	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	34,216,004	225,055	0	266,881	4,402,629	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	10,471,216	43,451	0	221,390	513,288	105.00
106.00	10600	HEART ACQUISITION	1,691,708	20,988	0	14,918	56,341	106.00
107.00	10700	LIVER ACQUISITION	6,645,492	21,726	0	84,383	206,115	107.00
108.00	10800	LUNG ACQUISITION	3,167,391	35,755	0	34,168	104,893	108.00
109.00	10900	PANCREAS ACQUISITION	2,407,025	8,027	0	43,215	54,114	109.00
110.00	11000	INTESTINE ACQUISITION	934,291	3,129	0	7,567	34,004	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	200,808	0	0	9,011	36,948	112.00
112.01	08601	POST TRANSPLANT EXPENSES	3,740,363	103,664	0	287,896	760,785	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	5,688,312	63,314	0	62,425	853,882	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,665,668,892	28,593,749	0	58,846,944	130,348,935	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	149	166,477	0	893	0	190.00
191.00	19100	RESEARCH	3,634,574	268,762	0	73,181	751,326	191.00
191.01	19101	RESEARCH-GCRC	0	75,009	0	0	0	191.01
191.02	19102	OSA	5,132,379	14,777	0	40,114	437,038	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,175,744	9,965	0	2,440	22,518	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	11,312,448	1,519,125	0	579,288	1,706,255	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	4,135,781	47,800	0	1,108,673	779,369	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	469,544	6,556,097	0	0	166	192.03
192.04	19204	MHH RADIOLOGY	112,695	0	0	0	23,107	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	39,670	0	0	1,299	7,014	192.06
192.07	19207	RHI	231,249	0	0	2,998	34,600	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	18,166,196	137,141	0	939,584	1,066,965	192.08
192.09	19209	ARTHRITIS CLINIC - NR	78,163	0	0	0	7,825	192.09
192.10	19212	CARDIO PHYSICIANS	1,292,030	0	0	39,894	187,656	192.10
192.11	19211	UNUSED SPACE	0	1,391,513	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,713,449,514	38,780,415	0	61,635,308	135,372,774	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES	132,854					5.01
5.02	00511	DATA PROCESSING	0	61,324,340				5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	139	64,326	13,279,428			5.03
5.04	00513	ADMITTING	174	80,408	7	10,979,442		5.04
5.05	00514	CASHIERING	0	0	0	0	31,670,029	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	6,782	3,130,543	13,233	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	232	107,210	1,499	0	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	23	10,721	365	0	0	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	5,351	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	0	233	0	0	9.03
10.00	01000	DIETARY	1,498	691,507	6,755	0	0	10.00
11.00	01100	CAFETERIA	12	5,361	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,556	718,310	1,380	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	662	305,550	220,375	0	0	14.00
15.00	01500	PHARMACY	4,065	1,876,182	135,515	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	105	48,245	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,452	670,065	78	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	360	166,176	322	0	0	18.00
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	627	289,468	3	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,057	487,807	608	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	128	58,966	4	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	58	26,803	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	93	42,884	233	0	0	23.03
23.04	02304	PARAMED EMERGENCY	70	32,163	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	174	80,408	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	116	53,605	447	0	0	23.06
23.07	02307	PARAMED PHARMACY	35	16,082	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	12	5,361	21	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	70	32,163	154	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,073	12,034,363	842,951	1,952,499	3,392,274	30.00
31.00	03100	INTENSIVE CARE UNIT	2,903	1,340,130	130,695	220,554	363,181	31.00
32.00	03200	CORONARY CARE UNIT	1,486	686,146	126,791	162,878	268,160	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	906	418,121	22,501	72,586	119,446	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	197	91,129	8,819	21,738	35,770	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	1,370	632,541	62,348	53,631	88,297	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	848	391,318	67,030	123,683	203,625	34.04
34.05	03404	TRANSPLANT ICU	0	0	25,341	27,500	45,275	34.05
34.06	03407	PEDS CANCER CARE	116	53,605	6,332	20,107	33,041	34.06
40.00	04000	SUBPROVIDER - IPF	1,045	482,447	3,397	39,633	69,310	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	941	434,202	19,974	62,322	102,605	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,410	2,959,007	5,418,843	1,456,953	3,519,766	50.00
50.01	05001	ENDOSCOPY	511	235,863	37,471	51,709	130,177	50.01
51.00	05100	RECOVERY ROOM	1,812	836,241	29,906	115,736	384,094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,241	1,034,580	47,181	164,559	301,405	52.00
53.00	05300	ANESTHESIOLOGY	337	155,455	221,018	99,737	227,763	53.00
53.01	05301	PULMONARY FUNCTION TESTING	708	326,992	15,831	12,015	158,158	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,534	4,400,986	790,992	687,311	2,991,890	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,730	798,717	23,369	15,040	483,359	55.00
56.00	05600	RADIOISOTOPE	465	214,421	264,435	22,393	156,661	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	267	123,292	285,265	43,960	212,050	59.00
60.00	06000	LABORATORY	7,874	3,634,432	1,593,507	1,127,207	3,422,109	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	93	42,884	70,357	5,216	57,114	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	290	134,013	55,567	18,676	82,130	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	139	64,326	810,106	199,436	387,621	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,578	1,190,035	242,129	396,309	668,876	65.00
66.00	06600	PHYSICAL THERAPY	952	439,563	45,783	145,875	411,205	66.00
67.00	06700	OCCUPATIONAL THERAPY	476	219,781	5,666	33,667	77,163	67.00
68.00	06800	SPEECH PATHOLOGY	1,173	541,412	134,685	17,499	82,916	68.00
69.00	06900	ELECTROCARDIOLOGY	778	359,155	3,883	135,084	314,620	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,080	498,528	18,529	74,503	194,601	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	46	21,442	10,249	242,328	663,117	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	875,486	2,017,249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,422,547	4,507,929	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	1,533	707,589	0	0	316,555	73.03
74.00	07400	RENAL DIALYSIS	1,475	680,786	129,795	49,889	202,028	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	58	26,803	6,070	5,389	8,873	76.00
76.01	03021	CARDIOLOGY	372	171,537	409,163	80,855	430,787	76.01
76.02	03022	PSYCH OTHER ANCILLARY	441	203,700	1,445	1,434	11,268	76.02
76.03	03023	CARDIAC CATHERIZATION	1,881	868,404	331,021	119,305	573,211	76.03
76.04	03024	DAY SURGERY	1,370	632,541	30,338	3,298	38,553	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	445	732	76.08
76.97	07697	CARDIAC REHABILITATION	267	123,292	210	439	5,679	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	18,007	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	732	337,713	5,677	1,606	50,157	90.01
90.02	09002	IUSCC HEM/ONC	3,170	1,463,422	99,357	2,215	401,543	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	255	117,931	415	27	16,462	90.03
90.04	09004	AMB SVC-PSYCH ADULT	395	182,258	50	3	14,441	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	7	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	964	444,923	3,415	23,736	99,789	90.06
90.07	09007	AMB SVC-RILEY CLINICS	2,497	1,152,512	16,815	1,574	51,703	90.07
90.08	09008	MOTILITY LAB	12	5,361	4,051	70	4,527	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	105	48,245	58	1	466	90.10
90.11	09023	SLEEP LAB	987	455,644	5,749	119	80,742	90.11
90.12	09024	OP CARE ADULTS	337	155,455	562	8	1,693	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	1,377	0	22,494	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	685	316,271	1,067	14	6,330	90.17
90.18	09016	DERMATOLOGY CLINIC	58	26,803	6,253	7	12,246	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	2,750	26	25,221	90.19
90.20	09025	IUMG - MH	255	117,931	1,190	31	2,373	90.20
90.21	09019	OP REHAB CLINIC	151	69,687	49	6	935	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	174	15	11,009	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	1,297	16	3,545	90.23
91.00	09100	EMERGENCY	5,632	2,599,852	187,003	321,401	1,759,251	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	209	96,489	116,234	8	67,950	94.00
95.00	09500	AMBULANCE SERVICES	674	310,910	16,187	629	352,282	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

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		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
			5.01	5.02	5.03	5.04	5.05	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	883	407,399	10,597	0	410,872	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	743	343,073	5,482	105,198	173,197	105.00
106.00	10600	HEART ACQUISITION	46	21,442	2	16,393	26,990	106.00
107.00	10700	LIVER ACQUISITION	279	128,652	1,971	66,433	109,375	107.00
108.00	10800	LUNG ACQUISITION	116	53,605	1	28,391	46,743	108.00
109.00	10900	PANCREAS ACQUISITION	139	64,326	853	20,800	34,244	109.00
110.00	11000	INTESTINE ACQUISITION	23	10,721	134	9,281	15,281	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	23	10,721	831	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	964	444,923	5,325	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	488	225,142	4,388	0	89,518	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	123,098	56,821,504	13,234,897	10,979,439	31,670,029	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221	101,850	0	0	0	190.00
191.00	19100	RESEARCH	790	364,515	20,702	0	0	191.00
191.01	19101	RESEARCH-GCRC	314	144,734	2,199	0	0	191.01
191.02	19102	OSA	255	117,931	704	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70	32,163	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	3,658	1,688,564	11,790	3	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	2,416	1,114,988	1,479	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	46	21,442	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	46	21,442	0	0	0	192.06
192.07	19207	RHI	0	0	5,713	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	1,359	627,181	340	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	12	5,361	290	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	569	262,665	1,314	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	132,854	61,324,340	13,279,428	10,979,442	31,670,029	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.05	5.06	6.00	6.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	118,090,991	118,090,991				5.06
6.00	00600	MAINTENANCE & REPAIRS	23,996,449	1,776,265	25,772,714			6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0		6.03
7.00	00700	OPERATION OF PLANT	76,928,179	5,694,378	17,023	0	82,639,580	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	325,490	24,093	216,623	0	695,056	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,291,112	243,615	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	2,716,747	201,099	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,884,529	435,585	12,015	0	38,552	9.03
10.00	01000	DIETARY	13,387,214	990,948	258,080	0	828,075	10.00
11.00	01100	CAFETERIA	1,899,575	140,610	8,310	0	26,662	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	27,628,119	2,045,089	203,280	0	652,242	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,891,443	9,466,780	325,970	0	1,045,906	14.00
15.00	01500	PHARMACY	86,916,757	6,433,752	372,096	0	1,193,907	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,685,906	716,970	6,193	0	19,871	16.00
17.00	01700	SOCIAL SERVICE	8,531,087	631,488	36,618	0	117,493	17.00
18.00	01850	PATIENT TRANSPORTATION	2,662,568	197,089	5,926	0	19,015	18.00
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	46,761,805	3,461,402	21,223	0	68,097	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,879,269	953,349	303,177	0	972,773	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	384,768	28,481	68,385	0	219,420	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	1,051,243	77,815	25,196	0	80,843	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	165,170	12,226	24,193	0	77,625	23.03
23.04	02304	PARAMED EMERGENCY	300,969	22,278	23,516	0	75,452	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	756,502	55,998	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	593,470	43,930	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	1,562,229	115,639	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	20	1	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	285,166	21,109	14,907	0	47,829	23.09
23.10	02310	PARAMED PHARMACY TECH	344,428	25,495	14,574	0	46,763	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	193,022,151	14,287,251	4,844,882	0	15,545,280	30.00
31.00	03100	INTENSIVE CARE UNIT	21,010,909	1,555,270	323,710	0	1,038,656	31.00
32.00	03200	CORONARY CARE UNIT	15,603,793	1,155,024	255,202	0	818,839	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,500,905	481,210	53,804	0	172,636	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,205,209	163,234	98,205	0	315,099	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	5,634,604	417,085	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	11,462,893	848,506	190,268	0	610,493	34.04
34.05	03404	TRANSPLANT ICU	2,819,179	208,681	88,299	0	283,317	34.05
34.06	03407	PEDS CANCER CARE	2,747,324	203,362	277,643	0	890,844	34.06
40.00	04000	SUBPROVIDER - IPF	5,018,571	371,485	139,473	0	447,511	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,610,911	415,331	107,400	0	344,603	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	70,409,419	5,211,846	1,485,488	0	4,766,328	50.00
50.01	05001	ENDOSCOPY	2,441,575	180,730	43,847	0	140,687	50.01
51.00	05100	RECOVERY ROOM	9,440,066	698,773	332,561	0	1,067,052	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,873,569	878,905	365,513	0	1,172,782	52.00
53.00	05300	ANESTHESIOLOGY	3,476,141	257,311	10,270	0	32,952	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,446,895	329,168	128,656	0	412,804	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.05	5.06	6.00	6.03	7.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,260,020	4,756,655	1,549,301	0	4,971,080	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,965,489	663,643	287,353	0	921,998	55.00
56.00	05600	RADIOISOTOPE	2,322,312	171,902	127,060	0	407,685	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,007,284	148,583	73,686	0	236,429	59.00
60.00	06000	LABORATORY	39,084,136	2,893,086	1,132,023	0	3,632,203	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,703,335	200,106	29,110	0	93,401	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,889,266	139,847	115,189	0	369,593	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,651,181	418,312	58,512	0	187,743	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	29,564,249	2,188,405	163,216	0	523,695	65.00
66.00	06600	PHYSICAL THERAPY	16,778,226	1,241,958	268,584	0	861,778	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,378,659	250,095	79,137	0	253,918	67.00
68.00	06800	SPEECH PATHOLOGY	5,436,205	402,399	167,606	0	537,778	68.00
69.00	06900	ELECTROCARDIOLOGY	4,048,022	299,643	72,644	0	233,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,060,369	522,623	127,197	0	408,124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,786,250	2,648,970	19,954	0	64,023	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	63,090,267	4,670,068	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,228,256	10,602,042	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	11,378,536	842,262	37,159	0	119,228	73.03
74.00	07400	RENAL DIALYSIS	10,443,296	773,034	221,820	0	711,730	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	753,996	55,812	0	0	0	76.00
76.01	03021	CARDIOLOGY	6,772,854	501,340	62,967	0	202,035	76.01
76.02	03022	PSYCH OTHER ANCILLARY	494,877	36,632	18,579	0	59,614	76.02
76.03	03023	CARDIAC CATHERIZATION	9,710,246	718,772	199,236	0	639,266	76.03
76.04	03024	DAY SURGERY	6,509,366	481,836	171,506	0	550,294	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	36,790	2,723	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	666,690	49,350	7,737	0	24,823	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,201,135	384,998	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,360,978	248,786	132,036	0	423,649	90.01
90.02	09002	IUSCC HEM/ONC	44,409,137	3,287,253	840,483	0	2,696,769	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	747,418	55,325	2,182	0	7,000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,027,150	76,032	187,624	0	602,010	90.04
90.05	09005	AMB SVC-DIABETES ADULT	194	14	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,729,018	276,029	74,487	0	238,999	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,576,534	338,764	246,098	0	789,627	90.07
90.08	09008	MOTILITY LAB	168,487	12,472	2,768	0	8,880	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	131,932	9,766	30,301	0	97,225	90.10
90.11	09023	SLEEP LAB	4,663,580	345,208	86,750	0	278,344	90.11
90.12	09024	OP CARE ADULTS	609,741	45,134	65,858	0	211,313	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	298,926	22,127	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,479,173	109,491	90,904	0	291,675	90.17
90.18	09016	DERMATOLOGY CLINIC	950,323	70,345	55,862	0	179,239	90.18
90.19	09017	INFUSION/HEM/ONC	1,226,090	90,758	0	0	0	90.19
90.20	09025	IUMG - MH	580,637	42,980	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	274,219	20,298	13,721	0	44,026	90.21
90.22	09020	EATING DISORDERS CLINIC	1,386,535	102,634	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	801,584	59,335	71,088	0	228,091	90.23
91.00	09100	EMERGENCY	29,837,693	2,208,646	725,815	0	2,328,847	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,749,991	129,538	76,083	0	244,118	94.00
95.00	09500	AMBULANCE SERVICES	24,598,346	1,820,819	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.05	5.06	6.00	6.03	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	39,940,320	2,956,462	155,024	0	497,409	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,877,038	879,162	29,930	0	96,034	105.00
106.00	10600	HEART ACQUISITION	1,848,828	136,854	14,457	0	46,387	106.00
107.00	10700	LIVER ACQUISITION	7,264,426	537,727	14,965	0	48,017	107.00
108.00	10800	LUNG ACQUISITION	3,471,063	256,935	24,629	0	79,025	108.00
109.00	10900	PANCREAS ACQUISITION	2,632,743	194,881	5,529	0	17,740	109.00
110.00	11000	INTESTINE ACQUISITION	1,014,431	75,090	2,156	0	6,916	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	258,342	19,123	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,343,920	395,568	71,407	0	229,115	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	6,987,469	517,226	43,612	0	139,935	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,643,112,897	112,884,534	18,755,871	0	60,125,377	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	269,590	19,956	114,674	0	367,943	190.00
191.00	19100	RESEARCH	5,113,850	378,537	185,130	0	594,007	191.00
191.01	19101	RESEARCH-GCRC	222,256	16,452	51,668	0	165,782	191.01
191.02	19102	OSA	5,743,198	425,123	10,179	0	32,659	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,242,900	240,046	6,864	0	22,023	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	16,821,131	1,245,134	1,046,413	0	3,357,515	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	7,190,506	532,256	32,926	0	105,646	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	7,047,295	521,655	4,516,011	0	14,490,050	192.03
192.04	19204	MHH RADIOLOGY	135,802	10,052	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	69,471	5,142	0	0	0	192.06
192.07	19207	RHI	274,560	20,323	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	20,938,766	1,549,929	94,467	0	303,105	192.08
192.09	19209	ARTHRITIS CLINIC - NR	91,651	6,784	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	1,784,128	132,065	0	0	0	192.10
192.11	19211	UNUSED SPACE	1,391,513	103,003	958,511	0	3,075,473	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,713,449,514	118,090,991	25,772,714	0	82,639,580	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE	0					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,261,262				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	3,534,727		9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	2,917,846	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	60	0	0	0	9.03
10.00	01000	DIETARY	0	0	0	42,733	9,365	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	16,666	6,080	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,559	0	47,459	27,873	14.00
15.00	01500	PHARMACY	0	229	0	74,267	39,947	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,188	0	16.00
17.00	01700	SOCIAL SERVICE	0	4	0	369	11,637	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	2,795	0	18.00
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	234	0	1,113	9,762	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,526	0	13,709	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	629,342	0	717,649	851,244	30.00
31.00	03100	INTENSIVE CARE UNIT	0	54,827	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	53,343	0	57,297	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	3,603	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,612	0	0	50,296	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	16,412	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	12,135	0	0	97,447	34.04
34.05	03404	TRANSPLANT ICU	0	12,149	0	45,448	0	34.05
34.06	03407	PEDS CANCER CARE	0	4,213	0	0	142,196	34.06
40.00	04000	SUBPROVIDER - IPF	0	12,493	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	7,730	0	32,339	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	92,662	0	299,068	107,166	50.00
50.01	05001	ENDOSCOPY	0	6,386	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	15,619	0	28,484	18,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52,623	0	47,184	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	613	187	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	1,197	0	13,019	42,545	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,440	0	248,367	183,824	54.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,792	0	90,802	0	55.00
56.00	05600	RADIOISOTOPE	0	2,923	0	25,571	7,298	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,809	0	0	0	59.00
60.00	06000	LABORATORY	0	58	0	35,560	22,440	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	30,351	16,033	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,083	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	354	0	12,747	30,564	65.00
66.00	06600	PHYSICAL THERAPY	0	10,391	0	11,638	18,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9	0	10,900	12,637	67.00
68.00	06800	SPEECH PATHOLOGY	0	132	0	17,624	44,626	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,302	0	11,698	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	374	0	0	11,146	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	37	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	23,506	0	70,879	14,805	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	578	0	4,284	27,986	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	12,186	0	825	0	76.03
76.04	03024	DAY SURGERY	0	16,074	0	75,561	10,863	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	4	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	4,617	0	67,959	0	90.01
90.02	09002	IUSCC HEM/ONC	0	5,555	0	368,214	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	1,123	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	4	0	1,471	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	1,223	0	38,339	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	3,704	0	0	126,040	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	1,417	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	3	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	773	0	46,789	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,181	0	28,752	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	7,027	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	615	0	36,589	0	90.23
91.00	09100	EMERGENCY	0	117,811	0	22,210	91,163	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	39,160	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	868	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	15,405	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	7,703	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	2,846	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	972	137	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	20,976	107	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	1,840	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,253,413	0	2,795,506	2,051,206	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	13,847	34,073	190.00
191.00	19100	RESEARCH	0	870	0	1,498	0	191.00
191.01	19101	RESEARCH-GCRC	0	3,158	0	15,281	0	191.01
191.02	19102	OSA	0	0	0	1,414	3,802	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,533	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	3,821	0	11,748	9,959	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	621,702	676,857	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	797	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	70,198	141,152	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	1,261,262	0	3,534,727	2,917,846	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST	6,370,741					9.03
10.00	01000	DIETARY	94,712	15,611,127				10.00
11.00	01100	CAFETERIA	5,020	0	2,080,177			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	89,062	0	54,055	0	30,694,593	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	108,344	0	15,844	0	0	14.00
15.00	01500	PHARMACY	90,506	0	79,218	0	8,864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,398	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,963	0	18,873	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	295	0	13,514	0	0	18.00
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	134,205	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	167,070	0	1,631	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	41,313	0	466	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	15,221	0	2,796	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	14,616	0	1,165	0	0	23.03
23.04	02304	PARAMED EMERGENCY	14,206	0	932	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	3,262	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	1,631	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	4,427	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	9,005	0	932	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	8,805	0	932	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,080,480	12,308,007	457,129	0	13,960,143	30.00
31.00	03100	INTENSIVE CARE UNIT	195,561	980,989	48,696	0	1,604,309	31.00
32.00	03200	CORONARY CARE UNIT	86,922	693,013	36,813	0	1,240,902	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	32,504	0	13,747	0	460,906	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	104,147	4,427	0	132,954	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	236,463	12,815	0	452,043	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	418,683	27,493	0	930,676	34.04
34.05	03404	TRANSPLANT ICU	0	123,105	7,223	0	257,044	34.05
34.06	03407	PEDS CANCER CARE	0	85,628	4,660	0	132,954	34.06
40.00	04000	SUBPROVIDER - IPF	84,259	318,143	12,582	0	212,726	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	26,926	0	12,349	0	407,725	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	419,979	33,822	115,332	0	2,224,760	50.00
50.01	05001	ENDOSCOPY	26,489	0	3,961	0	106,363	50.01
51.00	05100	RECOVERY ROOM	145,219	14,328	19,572	0	638,178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	165,433	191,090	24,697	0	726,814	52.00
53.00	05300	ANESTHESIOLOGY	5,264	0	6,058	0	88,636	53.00
53.01	05301	PULMONARY FUNCTION TESTING	12,259	0	9,320	0	62,045	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	405,261	0	89,004	0	514,088	54.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	67,023	0	10,019	0	62,045	55.00
56.00	05600	RADIOISOTOPE	38,138	0	2,563	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,515	0	2,097	0	44,318	59.00
60.00	06000	LABORATORY	58,210	0	132,574	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	17,586	0	3,262	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	15,056	0	3,495	0	53,182	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,739	0	10,951	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	47,588	0	75,024	0	17,727	65.00
66.00	06600	PHYSICAL THERAPY	113,722	0	37,279	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,108	0	7,922	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	27,933	0	11,417	0	44,318	68.00
69.00	06900	ELECTROCARDIOLOGY	30,156	0	10,019	0	35,454	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	63,695	0	13,980	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	699	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	12,845	0	22,833	0	0	73.03
74.00	07400	RENAL DIALYSIS	33,350	7,262	24,930	0	452,043	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	1,165	0	35,454	76.00
76.01	03021	CARDIOLOGY	0	0	7,922	0	88,636	76.01
76.02	03022	PSYCH OTHER ANCILLARY	11,224	0	466	0	17,727	76.02
76.03	03023	CARDIAC CATHERIZATION	119,395	634	13,048	0	177,272	76.03
76.04	03024	DAY SURGERY	2,109	48,150	16,543	0	443,179	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	4,674	0	932	0	26,591	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	13,980	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	10,485	0	115,227	90.01
90.02	09002	IUSCC HEM/ONC	75,572	0	62,443	0	460,906	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	1,398	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	111,621	0	1,398	0	26,591	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	8,155	0	70,909	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	17,941	0	292,498	90.07
90.08	09008	MOTILITY LAB	0	0	233	0	8,864	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	18,306	0	0	0	0	90.10
90.11	09023	SLEEP LAB	52,407	0	9,320	0	0	90.11
90.12	09024	OP CARE ADULTS	39,787	0	1,165	0	17,727	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	699	0	17,727	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	4,194	0	26,591	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	3,262	0	53,182	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	2,330	0	44,318	90.19
90.20	09025	IUMG - MH	0	0	1,631	0	17,727	90.20
90.21	09019	OP REHAB CLINIC	0	0	466	0	17,727	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	2,796	0	8,864	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	2,563	0	35,454	90.23
91.00	09100	EMERGENCY	286,885	244	67,801	0	1,923,398	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	3,029	0	62,045	94.00
95.00	09500	AMBULANCE SERVICES	0	0	24,930	0	381,134	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,167	0	72,228	0	558,406	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	6,990	0	0	105.00
106.00	10600	HEART ACQUISITION	8,734	0	699	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,796	0	0	107.00
108.00	10800	LUNG ACQUISITION	14,879	0	1,398	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	699	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	466	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	466	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	18,392	0	10,019	0	8,864	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	24,187	47,419	15,378	0	248,180	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,741,697	15,611,127	2,001,657	0	30,056,415	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,829	0	3,495	0	0	190.00
191.00	19100	RESEARCH	103,631	0	10,019	0	97,499	191.00
191.01	19101	RESEARCH-GCRC	13,278	0	0	0	0	191.01
191.02	19102	OSA	0	0	3,961	0	62,045	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	233	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	555,752	0	32,619	0	177,272	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	19,891	0	10,485	0	248,180	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	642,116	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	233	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	233	0	0	192.06
192.07	19207	RHI	0	0	699	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	10,469	0	13,514	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	233	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	2,796	0	53,182	192.10
192.11	19211	UNUSED SPACE	271,078	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	6,370,741	15,611,127	2,080,177	0	30,694,593	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	138,934,178					14.00
15.00	01500	PHARMACY	1,444,926	96,654,469				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	10,433,526			16.00
17.00	01700	SOCIAL SERVICE	833	0	0	9,356,365		17.00
18.00	01850	PATIENT TRANSPORTATION	3,436	0	0	0	2,904,638	18.00
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	34	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,479	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	41	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	2,485	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	4,771	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	222	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	1,637	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,987,964	0	1,117,701	6,956,801	311,415	30.00
31.00	03100	INTENSIVE CARE UNIT	1,393,530	0	119,662	554,480	33,341	31.00
32.00	03200	CORONARY CARE UNIT	1,351,909	0	88,354	391,709	24,617	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	239,914	0	39,356	225,219	10,965	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	94,028	0	11,786	58,867	3,284	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	664,783	0	29,093	133,655	8,106	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	714,707	0	67,091	236,651	18,693	34.04
34.05	03404	TRANSPLANT ICU	270,202	0	14,918	69,582	4,156	34.05
34.06	03407	PEDS CANCER CARE	67,517	0	10,887	48,399	3,033	34.06
40.00	04000	SUBPROVIDER - IPF	36,221	0	22,837	179,823	6,363	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	212,975	0	33,807	307,335	9,419	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	57,777,767	0	1,159,707	19,117	323,119	50.00
50.01	05001	ENDOSCOPY	399,536	0	42,891	0	11,950	50.01
51.00	05100	RECOVERY ROOM	318,873	0	126,553	8,099	35,260	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	503,071	0	99,308	108,009	27,669	52.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
53.00	05300	ANESTHESIOLOGY	2,356,602	0	75,044	0	20,909	53.00
53.01	05301	PULMONARY FUNCTION TESTING	168,803	0	52,111	0	14,519	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,433,952	0	985,780	0	274,660	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	249,173	0	159,259	0	44,373	55.00
56.00	05600	RADIOISOTOPE	2,819,542	0	51,617	0	14,382	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,041,635	0	69,867	0	19,466	59.00
60.00	06000	LABORATORY	16,990,767	0	1,127,531	0	314,154	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	750,185	0	18,818	0	5,243	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	592,478	0	27,061	0	7,540	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,637,758	0	127,715	0	35,584	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,581,704	0	220,384	0	61,404	65.00
66.00	06600	PHYSICAL THERAPY	488,157	0	135,486	0	37,749	66.00
67.00	06700	OCCUPATIONAL THERAPY	60,415	0	25,424	0	7,084	67.00
68.00	06800	SPEECH PATHOLOGY	1,436,074	0	27,320	0	7,612	68.00
69.00	06900	ELECTROCARDIOLOGY	41,405	0	103,662	0	28,883	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	197,565	0	64,118	0	17,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	109,281	0	218,487	0	60,875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	664,652	0	185,186	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,654,469	1,484,038	0	411,120	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	104,300	0	29,060	73.03
74.00	07400	RENAL DIALYSIS	1,383,938	0	66,565	4,104	18,546	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	64,717	0	2,923	0	815	76.00
76.01	03021	CARDIOLOGY	4,362,704	0	141,938	0	39,547	76.01
76.02	03022	PSYCH OTHER ANCILLARY	15,405	0	3,713	0	1,034	76.02
76.03	03023	CARDIAC CATHERIZATION	3,529,511	0	188,864	358	52,622	76.03
76.04	03024	DAY SURGERY	323,476	0	12,703	27,216	3,539	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	241	0	67	76.08
76.97	07697	CARDIAC REHABILITATION	2,239	0	1,871	0	521	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	5,933	0	1,653	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	60,532	0	16,526	0	4,605	90.01
90.02	09002	IUSCC HEM/ONC	1,059,395	0	132,302	0	36,862	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	4,424	0	5,424	0	1,511	90.03
90.04	09004	AMB SVC-PSYCH ADULT	529	0	4,758	0	1,326	90.04
90.05	09005	AMB SVC-DIABETES ADULT	78	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	36,415	0	32,879	0	9,161	90.06
90.07	09007	AMB SVC-RILEY CLINICS	179,293	0	17,035	0	4,746	90.07
90.08	09008	MOTILITY LAB	43,197	0	1,492	0	416	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	615	0	154	0	43	90.10
90.11	09023	SLEEP LAB	61,302	0	26,603	0	7,412	90.11
90.12	09024	OP CARE ADULTS	5,995	0	558	0	155	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	14,680	0	7,411	0	2,065	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	11,374	0	2,086	0	581	90.17
90.18	09016	DERMATOLOGY CLINIC	66,670	0	4,035	0	1,124	90.18
90.19	09017	INFUSION/HEM/ONC	29,326	0	8,310	0	2,315	90.19
90.20	09025	IUMG - MH	12,690	0	782	0	218	90.20
90.21	09019	OP REHAB CLINIC	527	0	308	0	86	90.21
90.22	09020	EATING DISORDERS CLINIC	1,851	0	3,627	0	1,011	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	13,827	0	1,168	0	325	90.23
91.00	09100	EMERGENCY	1,993,921	0	579,646	138	161,502	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,239,350	0	22,389	0	6,238	94.00
95.00	09500	AMBULANCE SERVICES	172,594	0	116,071	0	32,340	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	112,992	0	135,376	0	37,719	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	58,452	0	57,066	0	15,900	105.00
106.00	10600	HEART ACQUISITION	23	0	8,893	0	2,478	106.00
107.00	10700	LIVER ACQUISITION	21,019	0	36,037	0	10,041	107.00
108.00	10800	LUNG ACQUISITION	11	0	15,401	0	4,291	108.00
109.00	10900	PANCREAS ACQUISITION	9,091	0	11,283	0	3,144	109.00
110.00	11000	INTESTINE ACQUISITION	1,424	0	5,035	0	1,403	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	8,865	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	56,778	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	46,782	0	29,495	26,803	8,218	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	138,459,369	96,654,469	10,433,526	9,356,365	2,904,638	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	220,734	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	23,451	0	0	0	0	191.01
191.02	19102	OSA	7,503	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	125,716	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	15,765	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	60,915	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	3,627	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	3,089	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	14,009	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	138,934,178	96,654,469	10,433,526	9,356,365	2,904,638	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	50,457,875			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	15,298,983		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	13,655,167	4,140,287	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,223,626	371,007	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	529,826	160,645	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	1,112,387	337,279	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	6,592	1,999	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	659,192	199,869	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	5,768	1,749	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	156,558	47,469	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4,444,604	1,347,618	0	50.00
50.01	05001	ENDOSCOPY	0	0	249,669	75,700	0	50.01
51.00	05100	RECOVERY ROOM	0	0	12,360	3,748	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,702,513	1,425,816	0	53.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
53.01	05301	PULMONARY FUNCTION TESTING	0	0	295,813	89,691	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,868,959	1,476,283	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	149,142	45,220	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	78,279	23,734	0	59.00
60.00	06000	LABORATORY	0	0	1,824,315	553,138	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	34,608	10,493	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	81,575	24,734	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	222,477	67,456	0	63.00
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	55,207	16,739	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	559,489	169,639	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	388,099	117,673	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	308,996	93,689	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	210,942	63,958	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	337,836	102,433	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	31,312	9,494	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	48,615	14,740	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	1,648	500	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	373,268	113,176	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	2,079,752	630,587	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	334,540	101,434	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	891,558	270,323	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	6,592	1,999	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	706,984	214,360	0	90.07
90.08	09008	MOTILITY LAB	0	0	1,588,653	481,685	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	500,162	151,651	0	90.10
90.11	09023	SLEEP LAB	0	0	824	250	0	90.11
90.12	09024	OP CARE ADULTS	0	0	21,424	6,496	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	293,341	88,942	0	90.14
90.15	09013	NEUROLOGY UH	0	0	784,439	237,844	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	105,471	31,979	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	90,639	27,482	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	918,749	278,568	0	90.19
90.20	09025	IUMG - MH	0	0	8,240	2,498	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
91.00	09100	EMERGENCY	0	0	4,460,260	1,352,365	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	23,896	7,245	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	49,444,366	14,991,684	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	787,735	238,844	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	40,376	12,242	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	9,064	2,748	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	82,399	24,984	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	18,952	5,746	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	824	250	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	50,263	15,240	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	23,896	7,245	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	50,457,875	15,298,983	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
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 ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	742,874					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	155,510	1,408,624				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	74,325	0	371,805			23.03
23.04	02304	PARAMED EMERGENCY	42,163	0	0	479,516		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	90,159	0	0	0	905,921	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	86,979	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	211,144	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	3	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	40,574	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	42,017	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	673,580	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	53,687	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	37,927	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	21,806	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	5,700	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	0	12,941	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	0	22,913	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	6,737	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	4,686	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	17,411	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	29,757	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	1,851	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	784	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	10,458	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METH ODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	
			23.01	23.02	23.03	23.04	23.05	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,408,624	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	371,805	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	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	397	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	35	76.03
76.04	03024	DAY SURGERY	0	0	0	0	2,635	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
91.00	09100	EMERGENCY	0	0	0	479,516	13	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	
			23.01	23.02	23.03	23.04	23.05	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	2,595	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	742,874	1,408,624	371,805	479,516	905,913	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	8	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	742,874	1,408,624	371,805	479,516	905,921	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
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 ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO	730,781					23.06
23.07	02307	PARAMED PHARMACY	0	1,893,439				23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	24			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	419,744		23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	484,651	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	24	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	419,744	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
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
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	730,781	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,893,439	0	0	484,651	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	0	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	730,781	1,893,439	24	419,744	484,651	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	730,781	1,893,439	24	419,744	484,651	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
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 ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	293,546,497	-17,795,454	275,751,043		30.00
31.00	03100	INTENSIVE CARE UNIT	0	30,562,260	-1,594,633	28,967,627		31.00
32.00	03200	CORONARY CARE UNIT	0	22,586,135	-690,471	21,895,664		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	9,706,241	-1,449,666	8,256,575		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,250,848	0	3,250,848		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.01
34.02	03401	UH SURG 6IC	0	7,626,591	-8,591	7,618,000		34.02
34.03	03402	UH NS 3IC	0	0	0	0		34.03
34.04	03403	RH PED IC	0	16,517,710	-859,061	15,658,649		34.04
34.05	03404	TRANSPLANT ICU	0	4,217,557	-7,517	4,210,040		34.05
34.06	03407	PEDS CANCER CARE	0	4,623,346	0	4,623,346		34.06
40.00	04000	SUBPROVIDER - IPF	0	7,083,925	-204,027	6,879,898		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	7,558,607	0	7,558,607		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
45.01	04510	ICF/MR	0	0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	150,659,397	-5,792,222	144,867,175		50.00
50.01	05001	ENDOSCOPY	0	3,729,784	-325,369	3,404,415		50.01
51.00	05100	RECOVERY ROOM	0	12,924,397	-16,108	12,908,289		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,247,125	0	16,247,125		52.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
53.00	05300	ANESTHESIOLOGY	0	12,458,316	-6,128,329	6,329,987		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	6,078,845	-385,504	5,693,341		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	94,480,298	-6,345,242	88,135,056		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,722,331	-194,362	11,527,969		55.00
56.00	05600	RADIOISOTOPE	0	5,990,993	0	5,990,993		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,791,702	-102,013	5,689,689		59.00
60.00	06000	LABORATORY	0	68,530,976	-2,377,453	66,153,523		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	3,866,147	-45,101	3,821,046		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	3,365,400	-106,309	3,259,091		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	15,429,511	-289,933	15,139,578		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	35,858,866	0	35,858,866		65.00
66.00	06600	PHYSICAL THERAPY	0	20,075,175	-71,946	20,003,229		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,106,308	0	4,106,308		67.00
68.00	06800	SPEECH PATHOLOGY	0	8,890,172	-729,128	8,161,044		68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,423,745	-505,772	4,917,973		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,889,741	-402,685	8,487,056		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,918,758	0	38,918,758		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	68,610,173	0	68,610,173		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	254,758,015	0	254,758,015		73.00
73.01	07301	RENAL-RILEY	0	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	12,546,260	0	12,546,260		73.03
74.00	07400	RENAL DIALYSIS	0	14,525,105	-1,366,136	13,158,969		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	914,882	0	914,882		76.00
76.01	03021	CARDIOLOGY	0	12,653,060	-440,269	12,212,791		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	659,271	0	659,271		76.02
76.03	03023	CARDIAC CATHERIZATION	0	15,362,270	0	15,362,270		76.03
76.04	03024	DAY SURGERY	0	8,735,856	-40,806	8,695,050		76.04
76.05	03025	ONCOLOGY	0	0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	63,355	-63,355	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	2,148	-2,148	0		76.07
76.08	03028	ECMO-ADULT	0	39,821	0	39,821		76.08
76.97	07697	CARDIAC REHABILITATION	0	785,432	0	785,432		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	5,607,699	0	5,607,699		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	4,931,844	-486,444	4,445,400		90.01
90.02	09002	IUSCC HEM/ONC	0	56,145,230	-2,710,339	53,434,891		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	1,261,779	-435,974	825,805		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	3,202,395	-1,161,881	2,040,514		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	286	0	286		90.05
90.06	09006	OUTPATIENT SURGERY	0	4,524,205	-8,591	4,515,614		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	7,513,624	-921,344	6,592,280		90.07
90.08	09008	MOTILITY LAB	0	2,318,564	-2,070,338	248,226		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	940,155	-651,813	288,342		90.10
90.11	09023	SLEEP LAB	0	5,532,000	-1,074	5,530,926		90.11
90.12	09024	OP CARE ADULTS	0	1,025,353	-27,920	997,433		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	745,921	-382,283	363,638		90.14
90.15	09013	NEUROLOGY UH	0	1,022,283	-1,022,283	0		90.15
90.16	09014	ORTHOPEDICS UH	0	137,450	-137,450	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	2,181,752	-118,121	2,063,631		90.17
90.18	09016	DERMATOLOGY CLINIC	0	1,413,975	0	1,413,975		90.18
90.19	09017	INFUSION/HEM/ONC	0	2,600,764	-1,197,317	1,403,447		90.19
90.20	09025	IUMG - MH	0	667,403	-10,738	656,665		90.20
90.21	09019	OP REHAB CLINIC	0	378,405	0	378,405		90.21
90.22	09020	EATING DISORDERS CLINIC	0	1,507,318	0	1,507,318		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	1,250,639	0	1,250,639		90.23
91.00	09100	EMERGENCY	0	46,637,874	-5,812,625	40,825,249		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0		93.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	3,571,941	-491,004	3,080,937		94.00
95.00	09500	AMBULANCE SERVICES	0	27,146,234	0	27,146,234		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	44,469,971	0	44,469,971		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	13,035,977	0	13,035,977		105.00
106.00	10600	HEART ACQUISITION	0	2,067,353	0	2,067,353		106.00
107.00	10700	LIVER ACQUISITION	0	7,942,731	0	7,942,731		107.00
108.00	10800	LUNG ACQUISITION	0	3,898,773	-31,141	3,867,632		108.00
109.00	10900	PANCREAS ACQUISITION	0	2,877,956	0	2,877,956		109.00
110.00	11000	INTESTINE ACQUISITION	0	1,108,030	0	1,108,030		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	286,796	0	286,796		112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	6,155,146	0	6,155,146		112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	8,139,139	0	8,139,139		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,602,620,317	-66,018,290	1,536,602,027		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	836,407	0	836,407		190.00
191.00	19100	RESEARCH	0	7,732,354	-1,026,579	6,705,775		191.00
191.01	19101	RESEARCH-GCRC	0	511,334	0	511,334		191.01
191.02	19102	OSA	0	6,289,884	0	6,289,884		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,568,217	-52,618	3,515,599		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	23,398,892	-11,812	23,387,080		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	8,263,038	-107,383	8,155,655		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	28,515,686	0	28,515,686		192.03
192.04	19204	MHH RADIOLOGY	0	170,785	-24,698	146,087		192.04
192.05	19205	MHH LABS	0	0	0	0		192.05
192.06	19206	BELTWAY SURGERY	0	75,920	-1,074	74,846		192.06
192.07	19207	RHI	0	356,497	0	356,497		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	22,980,177	-65,503	22,914,674		192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	101,757	0	101,757		192.09
192.10	19212	CARDIO PHYSICIANS	0	2,017,321	-31,141	1,986,180		192.10
192.11	19211	UNUSED SPACE	0	6,010,928	0	6,010,928		192.11
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	1,713,449,514	-67,339,098	1,646,110,416		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,196	0	0	12,196	4.00
5.01	00510	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00511	DATA PROCESSING	0	19,702	0	0	19,702	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	0	21,366	0	232,163	253,529	5.03
5.04	00513	ADMITTING	0	13,434	0	0	13,434	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,053,132	0	3,138,580	4,191,712	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	245,174	0	1,750	246,924	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	0	24,713	0	88,519	113,232	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	314,482	0	1,436	315,918	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	17,443	0	0	17,443	9.03
10.00	01000	DIETARY	0	374,667	0	178,129	552,796	10.00
11.00	01100	CAFETERIA	0	12,063	0	0	12,063	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	295,110	0	294,529	589,639	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	473,226	0	640,785	1,114,011	14.00
15.00	01500	PHARMACY	0	540,189	0	2,291,730	2,831,919	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,991	0	0	8,991	16.00
17.00	01700	SOCIAL SERVICE	0	53,160	0	2,592	55,752	17.00
18.00	01850	PATIENT TRANSPORTATION	0	8,603	0	78,982	87,585	18.00
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	30,811	0	0	30,811	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	440,136	0	18,061	458,197	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	99,278	0	23,279	122,557	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	36,578	0	0	36,578	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	35,122	0	0	35,122	23.03
23.04	02304	PARAMED EMERGENCY	0	34,139	0	0	34,139	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	3,192	3,192	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	21,640	0	0	21,640	23.09
23.10	02310	PARAMED PHARMACY TECH	0	21,158	0	0	21,158	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	7,033,542	0	5,283,788	12,317,330	30.00
31.00	03100	INTENSIVE CARE UNIT	0	469,945	0	251,194	721,139	31.00
32.00	03200	CORONARY CARE UNIT	0	370,488	0	108,702	479,190	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	78,110	0	157,599	235,709	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	142,568	0	30,528	173,096	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	142,559	142,559	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	276,221	0	182,902	459,123	34.04
34.05	03404	TRANSPLANT ICU	0	128,188	0	1,678	129,866	34.05
34.06	03407	PEDS CANCER CARE	0	403,067	0	597,053	1,000,120	34.06
40.00	04000	SUBPROVIDER - IPF	0	202,479	0	13,984	216,463	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	155,917	0	50,737	206,654	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,156,550	0	11,804,529	13,961,079	50.00
50.01	05001	ENDOSCOPY	0	63,655	0	347,216	410,871	50.01
51.00	05100	RECOVERY ROOM	0	482,793	0	187,101	669,894	51.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	530,631	0	402,120	932,751	52.00
53.00	05300	ANESTHESIOLOGY	0	14,909	0	802,282	817,191	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	186,775	0	247,345	434,120	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,249,190	0	12,409,384	14,658,574	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	417,163	0	1,439,996	1,857,159	55.00
56.00	05600	RADIOISOTOPE	0	184,459	0	257,017	441,476	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	106,973	0	0	106,973	59.00
60.00	06000	LABORATORY	0	1,643,409	0	1,706,774	3,350,183	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	42,260	0	18,817	61,077	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	167,224	0	161,182	328,406	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	84,945	0	77,514	162,459	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	236,948	0	1,065,273	1,302,221	65.00
66.00	06600	PHYSICAL THERAPY	0	389,916	0	261,270	651,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	114,886	0	23,521	138,407	67.00
68.00	06800	SPEECH PATHOLOGY	0	243,321	0	273,512	516,833	68.00
69.00	06900	ELECTROCARDIOLOGY	0	105,461	0	303,519	408,980	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	184,658	0	627,870	812,528	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,967	0	0	28,967	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	53,945	0	266,434	320,379	73.03
74.00	07400	RENAL DIALYSIS	0	322,026	0	305,956	627,982	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	35,153	35,153	76.00
76.01	03021	CARDIOLOGY	0	91,412	0	1,319,001	1,410,413	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	26,973	0	6,025	32,998	76.02
76.03	03023	CARDIAC CATHERIZATION	0	289,239	0	542,868	832,107	76.03
76.04	03024	DAY SURGERY	0	248,984	0	40,813	289,797	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	11,231	0	1,672	12,903	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	191,682	0	90,523	282,205	90.01
90.02	09002	IUSCC HEM/ONC	0	1,220,167	0	4,315,485	5,535,652	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	3,167	0	299,617	302,784	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	272,382	0	54,559	326,941	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	108,136	0	201,401	309,537	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	357,271	0	305,426	662,697	90.07
90.08	09008	MOTILITY LAB	0	4,018	0	32,342	36,360	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	43,990	0	3,810	47,800	90.10
90.11	09023	SLEEP LAB	0	125,938	0	84,548	210,486	90.11
90.12	09024	OP CARE ADULTS	0	95,609	0	3,079	98,688	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	3,697	3,697	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	131,970	0	8,819	140,789	90.17
90.18	09016	DERMATOLOGY CLINIC	0	81,097	0	56,619	137,716	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	7,037	7,037	90.19
90.20	09025	IUMG - MH	0	0	0	2,591	2,591	90.20
90.21	09019	OP REHAB CLINIC	0	19,920	0	1,981	21,901	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	29,752	29,752	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	103,201	0	0	103,201	90.23
91.00	09100	EMERGENCY	0	1,053,699	0	396,106	1,449,805	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	110,452	0	81,167	191,619	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	3,087,916	3,087,916	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	225,055	0	266,881	491,936	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	43,451	0	221,390	264,841	105.00
106.00	10600	HEART ACQUISITION	0	20,988	0	14,918	35,906	106.00
107.00	10700	LIVER ACQUISITION	0	21,726	0	84,383	106,109	107.00
108.00	10800	LUNG ACQUISITION	0	35,755	0	34,168	69,923	108.00
109.00	10900	PANCREAS ACQUISITION	0	8,027	0	43,215	51,242	109.00
110.00	11000	INTESTINE ACQUISITION	0	3,129	0	7,567	10,696	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	9,011	9,011	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	103,664	0	287,896	391,560	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	63,314	0	62,425	125,739	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	28,593,749	0	58,846,944	87,440,693	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	166,477	0	893	167,370	190.00
191.00	19100	RESEARCH	0	268,762	0	73,181	341,943	191.00
191.01	19101	RESEARCH-GCRC	0	75,009	0	0	75,009	191.01
191.02	19102	OSA	0	14,777	0	40,114	54,891	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,965	0	2,440	12,405	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	1,519,125	0	579,288	2,098,413	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	47,800	0	1,108,673	1,156,473	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	6,556,097	0	0	6,556,097	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	1,299	1,299	192.06
192.07	19207	RHI	0	0	0	2,998	2,998	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	137,141	0	939,584	1,076,725	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	39,894	39,894	192.10
192.11	19211	UNUSED SPACE	0	1,391,513	0	0	1,391,513	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	38,780,415	0	61,635,308	100,415,723	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,196					4.00
5.01	00510	NONPATIENT TELEPHONES	0	0				5.01
5.02	00511	DATA PROCESSING	1	0	19,703			5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	0	0	21	253,550		5.03
5.04	00513	ADMITTING	0	0	26	0	13,460	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	285	0	1,006	253	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	7	0	34	29	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	35	0	3	7	0	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	102	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	7	0	0	4	0	9.03
10.00	01000	DIETARY	179	0	222	129	0	10.00
11.00	01100	CAFETERIA	2	0	2	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	335	0	231	26	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	55	0	98	4,208	0	14.00
15.00	01500	PHARMACY	583	0	603	2,587	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7	0	16	0	0	16.00
17.00	01700	SOCIAL SERVICE	91	0	215	1	0	17.00
18.00	01850	PATIENT TRANSPORTATION	38	0	53	6	0	18.00
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	619	0	93	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11	0	157	12	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	3	0	19	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	18	0	9	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	8	0	14	4	0	23.03
23.04	02304	PARAMED EMERGENCY	5	0	10	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	12	0	26	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	10	0	17	9	0	23.06
23.07	02307	PARAMED PHARMACY	24	0	5	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	5	0	2	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	5	0	10	3	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,393	0	3,864	16,095	2,018	30.00
31.00	03100	INTENSIVE CARE UNIT	288	0	431	2,495	280	31.00
32.00	03200	CORONARY CARE UNIT	218	0	220	2,421	206	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	89	0	134	430	92	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	29	0	29	168	28	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	73	0	203	1,190	68	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	161	0	126	1,280	157	34.04
34.05	03404	TRANSPLANT ICU	40	0	0	484	35	34.05
34.06	03407	PEDS CANCER CARE	25	0	17	121	25	34.06
40.00	04000	SUBPROVIDER - IPF	67	0	155	65	50	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	76	0	140	381	79	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	638	0	951	103,467	1,847	50.00
50.01	05001	ENDOSCOPY	23	0	76	715	66	50.01
51.00	05100	RECOVERY ROOM	115	0	269	571	147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	147	0	332	901	209	52.00
53.00	05300	ANESTHESIOLOGY	30	0	50	4,220	126	53.00
53.01	05301	PULMONARY FUNCTION TESTING	53	0	105	302	15	53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
54.00	05400	RADIOLOGY-DIAGNOSTIC	532	0	1,414	15,103	871	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	91	0	257	446	19	55.00
56.00	05600	RADIOISOTOPE	18	0	69	5,049	28	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18	0	40	5,447	56	59.00
60.00	06000	LABORATORY	656	0	1,168	30,426	1,429	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	19	0	14	1,343	7	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	20	0	43	1,061	24	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	64	0	21	15,468	253	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	408	0	382	4,623	502	65.00
66.00	06600	PHYSICAL THERAPY	229	0	141	874	185	66.00
67.00	06700	OCCUPATIONAL THERAPY	46	0	71	108	43	67.00
68.00	06800	SPEECH PATHOLOGY	66	0	174	2,572	22	68.00
69.00	06900	ELECTROCARDIOLOGY	53	0	115	74	171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81	0	160	354	94	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4	0	7	196	307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,803	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	148	0	227	0	0	73.03
74.00	07400	RENAL DIALYSIS	129	0	219	2,478	63	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	11	0	9	116	7	76.00
76.01	03021	CARDIOLOGY	43	0	55	7,812	102	76.01
76.02	03022	PSYCH OTHER ANCILLARY	4	0	65	28	2	76.02
76.03	03023	CARDIAC CATHERIZATION	85	0	279	6,320	151	76.03
76.04	03024	DAY SURGERY	87	0	203	579	4	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	1	0	0	0	1	76.08
76.97	07697	CARDIAC REHABILITATION	6	0	40	4	1	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	67	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	43	0	109	108	2	90.01
90.02	09002	IUSCC HEM/ONC	531	0	470	1,897	3	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	5	0	38	8	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	8	0	59	1	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	45	0	143	65	30	90.06
90.07	09007	AMB SVC-RILEY CLINICS	91	0	370	321	2	90.07
90.08	09008	MOTILITY LAB	2	0	2	77	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	16	1	0	90.10
90.11	09023	SLEEP LAB	49	0	146	110	0	90.11
90.12	09024	OP CARE ADULTS	6	0	50	11	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	3	0	0	26	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	14	0	102	20	0	90.17
90.18	09016	DERMATOLOGY CLINIC	12	0	9	119	0	90.18
90.19	09017	INFUSION/HEM/ONC	14	0	0	53	0	90.19
90.20	09025	IUMG - MH	7	0	38	23	0	90.20
90.21	09019	OP REHAB CLINIC	3	0	22	1	0	90.21
90.22	09020	EATING DISORDERS CLINIC	17	0	0	3	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	10	0	0	25	0	90.23
91.00	09100	EMERGENCY	371	0	835	3,571	407	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	18	0	31	2,219	0	94.00
95.00	09500	AMBULANCE SERVICES	151	0	100	309	1	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	402	0	131	202	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	47	0	110	105	133	105.00
106.00	10600	HEART ACQUISITION	5	0	7	0	21	106.00
107.00	10700	LIVER ACQUISITION	19	0	41	38	84	107.00
108.00	10800	LUNG ACQUISITION	10	0	17	0	36	108.00
109.00	10900	PANCREAS ACQUISITION	5	0	21	16	26	109.00
110.00	11000	INTESTINE ACQUISITION	3	0	3	3	12	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	3	0	3	16	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	69	0	143	102	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	78	0	72	84	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,737	0	18,255	252,701	13,460	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	33	0	0	190.00
191.00	19100	RESEARCH	69	0	117	395	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	47	42	0	191.01
191.02	19102	OSA	40	0	38	13	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2	0	10	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	156	0	543	225	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	71	0	358	28	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	7	0	0	192.03
192.04	19204	MHH RADIOLOGY	2	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	1	0	7	0	0	192.06
192.07	19207	RHI	3	0	0	109	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	97	0	202	6	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	1	0	2	6	0	192.09
192.10	19212	CARDIO PHYSICIANS	17	0	84	25	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	12,196	0	19,703	253,550	13,460	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CASHIERING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5.06	6.00	6.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING	0					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	4,193,256				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	63,063	310,057			6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0		6.03
7.00	00700	OPERATION OF PLANT	0	202,167	205	0	315,649	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	855	2,606	0	2,655	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	8,649	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	7,140	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	15,465	145	0	147	9.03
10.00	01000	DIETARY	0	35,182	3,105	0	3,163	10.00
11.00	01100	CAFETERIA	0	4,992	100	0	102	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	72,607	2,446	0	2,491	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	336,099	3,922	0	3,995	14.00
15.00	01500	PHARMACY	0	228,417	4,476	0	4,560	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,455	75	0	76	16.00
17.00	01700	SOCIAL SERVICE	0	22,420	441	0	449	17.00
18.00	01850	PATIENT TRANSPORTATION	0	6,997	71	0	73	18.00
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	122,890	255	0	260	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	33,847	3,647	0	3,716	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	1,011	823	0	838	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	2,763	303	0	309	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	434	291	0	296	23.03
23.04	02304	PARAMED EMERGENCY	0	791	283	0	288	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	1,988	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	1,560	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	4,106	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	749	179	0	183	23.09
23.10	02310	PARAMED PHARMACY TECH	0	905	175	0	179	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	507,914	58,286	0	59,374	30.00
31.00	03100	INTENSIVE CARE UNIT	0	55,217	3,894	0	3,967	31.00
32.00	03200	CORONARY CARE UNIT	0	41,007	3,070	0	3,128	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	17,084	647	0	659	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,795	1,181	0	1,204	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	14,808	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	30,124	2,289	0	2,332	34.04
34.05	03404	TRANSPLANT ICU	0	7,409	1,062	0	1,082	34.05
34.06	03407	PEDS CANCER CARE	0	7,220	3,340	0	3,403	34.06
40.00	04000	SUBPROVIDER - IPF	0	13,189	1,678	0	1,709	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	14,745	1,292	0	1,316	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	185,036	17,871	0	18,205	50.00
50.01	05001	ENDOSCOPY	0	6,416	527	0	537	50.01
51.00	05100	RECOVERY ROOM	0	24,808	4,001	0	4,076	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,204	4,397	0	4,480	52.00
53.00	05300	ANESTHESIOLOGY	0	9,135	124	0	126	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	11,686	1,548	0	1,577	53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CASHIERING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5.06	6.00	6.03	7.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168,875	18,639	0	18,988	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,561	3,457	0	3,522	55.00
56.00	05600	RADIOISOTOPE	0	6,103	1,529	0	1,557	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,275	886	0	903	59.00
60.00	06000	LABORATORY	0	102,713	13,619	0	13,874	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	7,104	350	0	357	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	4,965	1,386	0	1,412	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	14,851	704	0	717	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	77,695	1,964	0	2,000	65.00
66.00	06600	PHYSICAL THERAPY	0	44,093	3,231	0	3,292	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,879	952	0	970	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,286	2,016	0	2,054	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,638	874	0	890	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,555	1,530	0	1,559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	94,046	240	0	245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	165,801	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	376,404	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	29,903	447	0	455	73.03
74.00	07400	RENAL DIALYSIS	0	27,445	2,669	0	2,719	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,982	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	17,799	758	0	772	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	1,301	224	0	228	76.02
76.03	03023	CARDIAC CATHERIZATION	0	25,519	2,397	0	2,442	76.03
76.04	03024	DAY SURGERY	0	17,107	2,063	0	2,102	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	97	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,752	93	0	95	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	13,669	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	8,833	1,588	0	1,618	90.01
90.02	09002	IUSCC HEM/ONC	0	116,707	10,111	0	10,301	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	1,964	26	0	27	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,699	2,257	0	2,299	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	1	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	9,800	896	0	913	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	12,027	2,961	0	3,016	90.07
90.08	09008	MOTILITY LAB	0	443	33	0	34	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	347	365	0	371	90.10
90.11	09023	SLEEP LAB	0	12,256	1,044	0	1,063	90.11
90.12	09024	OP CARE ADULTS	0	1,602	792	0	807	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	786	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	3,887	1,094	0	1,114	90.17
90.18	09016	DERMATOLOGY CLINIC	0	2,497	672	0	685	90.18
90.19	09017	INFUSION/HEM/ONC	0	3,222	0	0	0	90.19
90.20	09025	IUMG - MH	0	1,526	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	721	165	0	168	90.21
90.22	09020	EATING DISORDERS CLINIC	0	3,644	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	2,107	855	0	871	90.23
91.00	09100	EMERGENCY	0	78,413	8,732	0	8,895	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	4,599	915	0	932	94.00
95.00	09500	AMBULANCE SERVICES	0	64,644	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CASHIERING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5.06	6.00	6.03	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	104,963	1,865	0	1,900	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	31,213	360	0	367	105.00
106.00	10600	HEART ACQUISITION	0	4,859	174	0	177	106.00
107.00	10700	LIVER ACQUISITION	0	19,091	180	0	183	107.00
108.00	10800	LUNG ACQUISITION	0	9,122	296	0	302	108.00
109.00	10900	PANCREAS ACQUISITION	0	6,919	67	0	68	109.00
110.00	11000	INTESTINE ACQUISITION	0	2,666	26	0	26	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	679	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	14,044	859	0	875	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	18,363	525	0	534	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,008,411	225,641	0	229,654	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	708	1,380	0	1,405	190.00
191.00	19100	RESEARCH	0	13,439	2,227	0	2,269	191.00
191.01	19101	RESEARCH-GCRC	0	584	622	0	633	191.01
191.02	19102	OSA	0	15,093	122	0	125	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,522	83	0	84	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	44,206	12,589	0	12,824	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	18,897	396	0	404	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	18,520	54,330	0	55,346	192.03
192.04	19204	MHH RADIOLOGY	0	357	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	183	0	0	0	192.06
192.07	19207	RHI	0	722	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	55,027	1,136	0	1,158	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	241	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	4,689	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	3,657	11,531	0	11,747	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	4,193,256	310,057	0	315,649	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE	0					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	322,136				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	8,649		9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	7,140	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	15	0	0	0	9.03
10.00	01000	DIETARY	0	0	0	105	23	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	41	15	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,164	0	116	68	14.00
15.00	01500	PHARMACY	0	59	0	182	98	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	8	0	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	1	28	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	7	0	18.00
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	60	0	3	24	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	390	0	34	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	160,742	0	1,754	2,088	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,003	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	13,624	0	140	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	920	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	922	0	0	123	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	4,192	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	3,099	0	0	238	34.04
34.05	03404	TRANSPLANT ICU	0	3,103	0	111	0	34.05
34.06	03407	PEDS CANCER CARE	0	1,076	0	0	348	34.06
40.00	04000	SUBPROVIDER - IPF	0	3,191	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,974	0	79	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	23,666	0	732	262	50.00
50.01	05001	ENDOSCOPY	0	1,631	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	3,989	0	70	46	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,440	0	115	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	306	0	32	104	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,904	0	608	450	54.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,735	0	222	0	55.00
56.00	05600	RADIOISOTOPE	0	747	0	63	18	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	462	0	0	0	59.00
60.00	06000	LABORATORY	0	15	0	87	55	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	74	39	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	90	0	31	75	65.00
66.00	06600	PHYSICAL THERAPY	0	2,654	0	28	45	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2	0	27	31	67.00
68.00	06800	SPEECH PATHOLOGY	0	34	0	43	109	68.00
69.00	06900	ELECTROCARDIOLOGY	0	843	0	29	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	96	0	0	27	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	25	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	9	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	6,004	0	173	36	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	148	0	10	68	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	3,112	0	2	0	76.03
76.04	03024	DAY SURGERY	0	4,105	0	185	27	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	1,179	0	166	0	90.01
90.02	09002	IUSCC HEM/ONC	0	1,419	0	901	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	3	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1	0	4	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	312	0	94	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	946	0	0	308	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	3	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	1	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	197	0	114	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	302	0	70	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	17	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	157	0	90	0	90.23
91.00	09100	EMERGENCY	0	30,090	0	54	223	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	96	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
			7.01	8.00	9.00	9.01	9.02	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	2	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	38	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	19	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	7	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	2	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	51	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	5	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	320,132	0	6,840	5,021	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	34	83	190.00
191.00	19100	RESEARCH	0	222	0	4	0	191.00
191.01	19101	RESEARCH-GCRC	0	806	0	37	0	191.01
191.02	19102	OSA	0	0	0	3	9	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	9	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	976	0	29	24	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,521	1,656	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	2	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	172	345	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	322,136	0	8,649	7,140	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST	33,226					9.03
10.00	01000	DIETARY	494	595,398				10.00
11.00	01100	CAFETERIA	26	0	17,287			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	464	0	449	0	668,744	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	565	0	132	0	0	14.00
15.00	01500	PHARMACY	472	0	658	0	193	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	12	0	0	16.00
17.00	01700	SOCIAL SERVICE	42	0	157	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	2	0	112	0	0	18.00
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	1,115	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	871	0	14	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	215	0	4	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	79	0	23	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	76	0	10	0	0	23.03
23.04	02304	PARAMED EMERGENCY	74	0	8	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	27	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	14	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	37	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	47	0	8	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	46	0	8	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,637	469,420	3,799	0	304,150	30.00
31.00	03100	INTENSIVE CARE UNIT	1,020	37,414	405	0	34,953	31.00
32.00	03200	CORONARY CARE UNIT	453	26,431	306	0	27,036	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	170	0	114	0	10,042	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,972	37	0	2,897	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	9,019	106	0	9,849	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	15,968	228	0	20,277	34.04
34.05	03404	TRANSPLANT ICU	0	4,695	60	0	5,600	34.05
34.06	03407	PEDS CANCER CARE	0	3,266	39	0	2,897	34.06
40.00	04000	SUBPROVIDER - IPF	439	12,134	105	0	4,635	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	140	0	103	0	8,883	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,190	1,290	958	0	48,471	50.00
50.01	05001	ENDOSCOPY	138	0	33	0	2,317	50.01
51.00	05100	RECOVERY ROOM	757	546	163	0	13,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	863	7,288	205	0	15,835	52.00
53.00	05300	ANESTHESIOLOGY	27	0	50	0	1,931	53.00
53.01	05301	PULMONARY FUNCTION TESTING	64	0	77	0	1,352	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,114	0	740	0	11,200	54.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	350	0	83	0	1,352	55.00
56.00	05600	RADIOISOTOPE	199	0	21	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	232	0	17	0	966	59.00
60.00	06000	LABORATORY	304	0	1,102	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	92	0	27	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	79	0	29	0	1,159	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40	0	91	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	248	0	623	0	386	65.00
66.00	06600	PHYSICAL THERAPY	593	0	310	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	105	0	66	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	146	0	95	0	966	68.00
69.00	06900	ELECTROCARDIOLOGY	157	0	83	0	772	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	332	0	116	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	67	0	190	0	0	73.03
74.00	07400	RENAL DIALYSIS	174	277	207	0	9,849	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	10	0	772	76.00
76.01	03021	CARDIOLOGY	0	0	66	0	1,931	76.01
76.02	03022	PSYCH OTHER ANCILLARY	59	0	4	0	386	76.02
76.03	03023	CARDIAC CATHERIZATION	623	24	108	0	3,862	76.03
76.04	03024	DAY SURGERY	11	1,836	137	0	9,656	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	24	0	8	0	579	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	116	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	87	0	2,510	90.01
90.02	09002	IUSCC HEM/ONC	394	0	519	0	10,042	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	12	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	582	0	12	0	579	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	68	0	1,545	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	149	0	6,373	90.07
90.08	09008	MOTILITY LAB	0	0	2	0	193	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	95	0	0	0	0	90.10
90.11	09023	SLEEP LAB	273	0	77	0	0	90.11
90.12	09024	OP CARE ADULTS	207	0	10	0	386	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	6	0	386	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	35	0	579	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	27	0	1,159	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	19	0	966	90.19
90.20	09025	IUMG - MH	0	0	14	0	386	90.20
90.21	09019	OP REHAB CLINIC	0	0	4	0	386	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	23	0	193	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	21	0	772	90.23
91.00	09100	EMERGENCY	1,496	9	563	0	41,905	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	25	0	1,352	94.00
95.00	09500	AMBULANCE SERVICES	0	0	207	0	8,304	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.03	10.00	11.00	12.00	13.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	17	0	600	0	12,166	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	58	0	0	105.00
106.00	10600	HEART ACQUISITION	46	0	6	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	23	0	0	107.00
108.00	10800	LUNG ACQUISITION	78	0	12	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	6	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	4	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	4	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	96	0	83	0	193	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	126	1,809	128	0	5,407	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,730	595,398	16,635	0	654,840	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	67	0	29	0	0	190.00
191.00	19100	RESEARCH	540	0	83	0	2,124	191.00
191.01	19101	RESEARCH-GCRC	69	0	0	0	0	191.01
191.02	19102	OSA	0	0	33	0	1,352	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	2,898	0	271	0	3,862	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	104	0	87	0	5,407	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	3,349	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	2	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	2	0	0	192.06
192.07	19207	RHI	0	0	6	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	55	0	112	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	2	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	23	0	1,159	192.10
192.11	19211	UNUSED SPACE	1,414	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	33,226	595,398	17,287	0	668,744	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,464,433					14.00
15.00	01500	PHARMACY	15,230	3,090,037				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	34,640			16.00
17.00	01700	SOCIAL SERVICE	9	0	0	79,607		17.00
18.00	01850	PATIENT TRANSPORTATION	36	0	0	0	94,980	18.00
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	68	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	26	0	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	50	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	17	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	94,737	0	3,917	59,190	10,446	30.00
31.00	03100	INTENSIVE CARE UNIT	14,688	0	419	4,718	1,118	31.00
32.00	03200	CORONARY CARE UNIT	14,250	0	310	3,333	826	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	2,529	0	138	1,916	368	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	991	0	41	501	110	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	7,007	0	102	1,137	272	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	7,533	0	235	2,013	627	34.04
34.05	03404	TRANSPLANT ICU	2,848	0	52	592	139	34.05
34.06	03407	PEDS CANCER CARE	712	0	38	412	102	34.06
40.00	04000	SUBPROVIDER - IPF	382	0	80	1,530	213	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,245	0	118	2,615	316	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	609,012	0	4,064	163	10,838	50.00
50.01	05001	ENDOSCOPY	4,211	0	150	0	401	50.01
51.00	05100	RECOVERY ROOM	3,361	0	444	69	1,183	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,303	0	348	919	928	52.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
53.00	05300	ANESTHESIOLOGY	24,840	0	263	0	701	53.00
53.01	05301	PULMONARY FUNCTION TESTING	1,779	0	183	0	487	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,897	0	3,455	0	9,213	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,626	0	558	0	1,488	55.00
56.00	05600	RADIOISOTOPE	29,719	0	181	0	482	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,060	0	245	0	653	59.00
60.00	06000	LABORATORY	179,090	0	3,952	0	10,538	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	7,907	0	66	0	176	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	6,245	0	95	0	253	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	91,046	0	448	0	1,194	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	27,212	0	772	0	2,060	65.00
66.00	06600	PHYSICAL THERAPY	5,145	0	475	0	1,266	66.00
67.00	06700	OCCUPATIONAL THERAPY	637	0	89	0	238	67.00
68.00	06800	SPEECH PATHOLOGY	15,137	0	96	0	255	68.00
69.00	06900	ELECTROCARDIOLOGY	436	0	363	0	969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,082	0	225	0	599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,152	0	766	0	2,042	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	2,329	0	6,212	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,090,037	3,275	0	11,343	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	366	0	975	73.03
74.00	07400	RENAL DIALYSIS	14,587	0	233	35	622	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	682	0	10	0	27	76.00
76.01	03021	CARDIOLOGY	45,985	0	497	0	1,327	76.01
76.02	03022	PSYCH OTHER ANCILLARY	162	0	13	0	35	76.02
76.03	03023	CARDIAC CATHERIZATION	37,203	0	662	3	1,765	76.03
76.04	03024	DAY SURGERY	3,410	0	45	232	119	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	1	0	2	76.08
76.97	07697	CARDIAC REHABILITATION	24	0	7	0	17	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	21	0	55	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	638	0	58	0	154	90.01
90.02	09002	IUSCC HEM/ONC	11,166	0	464	0	1,236	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	47	0	19	0	51	90.03
90.04	09004	AMB SVC-PSYCH ADULT	6	0	17	0	44	90.04
90.05	09005	AMB SVC-DIABETES ADULT	1	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	384	0	115	0	307	90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,890	0	60	0	159	90.07
90.08	09008	MOTILITY LAB	455	0	5	0	14	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	6	0	1	0	1	90.10
90.11	09023	SLEEP LAB	646	0	93	0	249	90.11
90.12	09024	OP CARE ADULTS	63	0	2	0	5	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	155	0	26	0	69	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	120	0	7	0	19	90.17
90.18	09016	DERMATOLOGY CLINIC	703	0	14	0	38	90.18
90.19	09017	INFUSION/HEM/ONC	309	0	29	0	78	90.19
90.20	09025	IUMG - MH	134	0	3	0	7	90.20
90.21	09019	OP REHAB CLINIC	6	0	1	0	3	90.21
90.22	09020	EATING DISORDERS CLINIC	20	0	13	0	34	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	146	0	4	0	11	90.23
91.00	09100	EMERGENCY	21,017	0	2,031	1	5,417	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
			14.00	15.00	16.00	17.00	18.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	13,063	0	78	0	209	94.00
95.00	09500	AMBULANCE SERVICES	1,819	0	407	0	1,085	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,191	0	474	0	1,265	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	616	0	200	0	533	105.00
106.00	10600	HEART ACQUISITION	0	0	31	0	83	106.00
107.00	10700	LIVER ACQUISITION	222	0	126	0	337	107.00
108.00	10800	LUNG ACQUISITION	0	0	54	0	144	108.00
109.00	10900	PANCREAS ACQUISITION	96	0	40	0	105	109.00
110.00	11000	INTESTINE ACQUISITION	15	0	18	0	47	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	93	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	598	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	493	0	103	228	276	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,459,428	3,090,037	34,640	79,607	94,980	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,327	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	247	0	0	0	0	191.01
191.02	19102	OSA	79	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	1,325	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	166	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	642	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	38	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	33	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	148	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,464,433	3,090,037	34,640	79,607	94,980	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			156,130			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				500,964		22.00
23.00	02300	PARAMED ED PRGM					0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT						34.01
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
45.01	04510	ICF/MR						45.01
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
53.01	05301	PULMONARY FUNCTION TESTING						53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
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 PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	07301	RENAL-RILEY						73.01
73.02	07302	RENAL-ADULT						73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.04	07501	BMTU OUTPATIENT						75.04
76.00	03020	RH NBN ECMO IC						76.00
76.01	03021	CARDIOLOGY						76.01
76.02	03022	PSYCH OTHER ANCILLARY						76.02
76.03	03023	CARDIAC CATHERIZATION						76.03
76.04	03024	DAY SURGERY						76.04
76.05	03025	ONCOLOGY						76.05
76.06	03026	DAY SURGERY-RILEY						76.06
76.07	03027	CARDIOLOGY-RILEY						76.07
76.08	03028	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
91.00	09100	EMERGENCY						91.00
91.01	09101	EMERGENCY-RILEY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			19.00	20.00	21.00	22.00	23.00	
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINE ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	MHH LABS						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	0	156,130	500,964	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	156,130	500,964	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
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 ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	125,470					23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST		40,082				23.02
23.03	02303	PARAMED RESPIRATORY THERAPY			36,281			23.03
23.04	02304	PARAMED EMERGENCY				35,598		23.04
23.05	02312	PARAMED PASTORAL EDUCATION					2,053	23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT						34.01
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
45.01	04510	ICF/MR						45.01
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	
			23.01	23.02	23.03	23.04	23.05	
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
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 PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	07301	RENAL-RILEY						73.01
73.02	07302	RENAL-ADULT						73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.04	07501	BMTU OUTPATIENT						75.04
76.00	03020	RH NBN ECMO IC						76.00
76.01	03021	CARDIOLOGY						76.01
76.02	03022	PSYCH OTHER ANCILLARY						76.02
76.03	03023	CARDIAC CATHERIZATION						76.03
76.04	03024	DAY SURGERY						76.04
76.05	03025	ONCOLOGY						76.05
76.06	03026	DAY SURGERY-RILEY						76.06
76.07	03027	CARDIOLOGY-RILEY						76.07
76.08	03028	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
91.00	09100	EMERGENCY						91.00
91.01	09101	EMERGENCY-RILEY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	
			23.01	23.02	23.03	23.04	23.05	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINE ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	MHH LABS						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	125,470	40,082	36,281	35,598	2,053	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	125,470	40,082	36,281	35,598	2,053	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
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 ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO	1,660					23.06
23.07	02307	PARAMED PHARMACY		7,364				23.07
23.08	02308	PARAMED MEDICAL ASSIST			0			23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY				22,815		23.09
23.10	02310	PARAMED PHARMACY TECH					22,506	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT						34.01
34.02	03401	UH SURG 6IC						34.02
34.03	03402	UH NS 3IC						34.03
34.04	03403	RH PED IC						34.04
34.05	03404	TRANSPLANT ICU						34.05
34.06	03407	PEDS CANCER CARE						34.06
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
45.00	04500	NURSING FACILITY						45.00
45.01	04510	ICF/MR						45.01
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	ENDOSCOPY						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
53.01	05301	PULMONARY FUNCTION TESTING						53.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	06001	TRANSPLANT IMMUNOLOGY						60.01
60.02	06002	BONE MARROW TRANSPLANT LAB						60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
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 PATIENT						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	07301	RENAL-RILEY						73.01
73.02	07302	RENAL-ADULT						73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY						73.03
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.04	07501	BMTU OUTPATIENT						75.04
76.00	03020	RH NBN ECMO IC						76.00
76.01	03021	CARDIOLOGY						76.01
76.02	03022	PSYCH OTHER ANCILLARY						76.02
76.03	03023	CARDIAC CATHERIZATION						76.03
76.04	03024	DAY SURGERY						76.04
76.05	03025	ONCOLOGY						76.05
76.06	03026	DAY SURGERY-RILEY						76.06
76.07	03027	CARDIOLOGY-RILEY						76.07
76.08	03028	ECMO-ADULT						76.08
76.97	07697	CARDIAC REHABILITATION						76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	09001	AMB SVC-OB & GYN						90.01
90.02	09002	IUSCC HEM/ONC						90.02
90.03	09003	AMB SVC-OPTHALMOLOGY						90.03
90.04	09004	AMB SVC-PSYCH ADULT						90.04
90.05	09005	AMB SVC-DIABETES ADULT						90.05
90.06	09006	OUTPATIENT SURGERY						90.06
90.07	09007	AMB SVC-RILEY CLINICS						90.07
90.08	09008	MOTILITY LAB						90.08
90.09	09009	AMB SVC - PSYCH CHILD						90.09
90.10	09010	CLINICAL GERIATRICS						90.10
90.11	09023	SLEEP LAB						90.11
90.12	09024	OP CARE ADULTS						90.12
90.13	09011	PEDIATRIC CLINIC						90.13
90.14	09012	ARTHRITIS CLINIC						90.14
90.15	09013	NEUROLOGY UH						90.15
90.16	09014	ORTHOPEDICS UH						90.16
90.17	09015	PHYSICAL MEDICINE						90.17
90.18	09016	DERMATOLOGY CLINIC						90.18
90.19	09017	INFUSION/HEM/ONC						90.19
90.20	09025	IUMG - MH						90.20
90.21	09019	OP REHAB CLINIC						90.21
90.22	09020	EATING DISORDERS CLINIC						90.22
90.23	09018	GASTROENTEROLOGY CLINIC						90.23
91.00	09100	EMERGENCY						91.00
91.01	09101	EMERGENCY-RILEY						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
			23.06	23.07	23.08	23.09	23.10	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINE ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	OTHER ORGAN ACQUISITION						112.00
112.01	08601	POST TRANSPLANT EXPENSES						112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
191.01	19101	RESEARCH-GCRC						191.01
191.02	19102	OSA						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST						192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC						192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES						192.03
192.04	19204	MHH RADIOLOGY						192.04
192.05	19205	MHH LABS						192.05
192.06	19206	BELTWAY SURGERY						192.06
192.07	19207	RHI						192.07
192.08	19208	NON-ALLOWABLE ADVERTISING						192.08
192.09	19209	ARTHRITIS CLINIC - NR						192.09
192.10	19212	CARDIO PHYSICIANS						192.10
192.11	19211	UNUSED SPACE						192.11
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	1,660	7,364	0	22,815	22,506	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,660	7,364	0	22,815	22,506	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
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 ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY						23.07
23.08	02308	PARAMED MEDICAL ASSIST						23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY						23.09
23.10	02310	PARAMED PHARMACY TECH						23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		14,083,154	0	14,083,154		30.00
31.00	03100	INTENSIVE CARE UNIT		896,449	0	896,449		31.00
32.00	03200	CORONARY CARE UNIT		616,169	0	616,169		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		271,041	0	271,041		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		191,124	0	191,124		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0	0	0		34.01
34.02	03401	UH SURG 6IC		190,585	0	190,585		34.02
34.03	03402	UH NS 3IC		0	0	0		34.03
34.04	03403	RH PED IC		545,810	0	545,810		34.04
34.05	03404	TRANSPLANT ICU		157,178	0	157,178		34.05
34.06	03407	PEDS CANCER CARE		1,023,161	0	1,023,161		34.06
40.00	04000	SUBPROVIDER - IPF		256,085	0	256,085		40.00
41.00	04100	SUBPROVIDER - IRF		0	0	0		41.00
42.00	04200	SUBPROVIDER		0	0	0		42.00
43.00	04300	NURSERY		241,156	0	241,156		43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0		44.00
45.00	04500	NURSING FACILITY		0	0	0		45.00
45.01	04510	ICF/MR		0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE		0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		14,990,740	0	14,990,740		50.00
50.01	05001	ENDOSCOPY		428,112	0	428,112		50.01
51.00	05100	RECOVERY ROOM		728,413	0	728,413		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,019,665	0	1,019,665		52.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
53.00	05300	ANESTHESIOLOGY		858,816	0	858,816		53.00
53.01	05301	PULMONARY FUNCTION TESTING		453,790	0	453,790		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		15,013,577	0	15,013,577		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		1,896,926	0	1,896,926		55.00
56.00	05600	RADIOISOTOPE		487,259	0	487,259		56.00
57.00	05700	CT SCAN		0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION		154,233	0	154,233		59.00
60.00	06000	LABORATORY		3,709,211	0	3,709,211		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY		78,539	0	78,539		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB		345,290	0	345,290		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		287,366	0	287,366		63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY		1,421,292	0	1,421,292		65.00
66.00	06600	PHYSICAL THERAPY		713,747	0	713,747		66.00
67.00	06700	OCCUPATIONAL THERAPY		150,671	0	150,671		67.00
68.00	06800	SPEECH PATHOLOGY		554,904	0	554,904		68.00
69.00	06900	ELECTROCARDIOLOGY		425,447	0	425,447		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		838,338	0	838,338		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		128,003	0	128,003		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		175,452	0	175,452		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		3,482,862	0	3,482,862		73.00
73.01	07301	RENAL-RILEY		0	0	0		73.01
73.02	07302	RENAL-ADULT		0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY		353,166	0	353,166		73.03
74.00	07400	RENAL DIALYSIS		695,901	0	695,901		74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0		75.00
75.04	07501	BMTU OUTPATIENT		0	0	0		75.04
76.00	03020	RH NBN ECMO IC		38,779	0	38,779		76.00
76.01	03021	CARDIOLOGY		1,487,786	0	1,487,786		76.01
76.02	03022	PSYCH OTHER ANCILLARY		35,509	0	35,509		76.02
76.03	03023	CARDIAC CATHERIZATION		916,664	0	916,664		76.03
76.04	03024	DAY SURGERY		331,705	0	331,705		76.04
76.05	03025	ONCOLOGY		0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY		0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY		0	0	0		76.07
76.08	03028	ECMO-ADULT		102	0	102		76.08
76.97	07697	CARDIAC REHABILITATION		15,554	0	15,554		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		13,928	0	13,928		89.00
90.00	09000	CLINIC		0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN		299,298	0	299,298		90.01
90.02	09002	IUSCC HEM/ONC		5,701,813	0	5,701,813		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY		304,984	0	304,984		90.03
90.04	09004	AMB SVC-PSYCH ADULT		335,509	0	335,509		90.04
90.05	09005	AMB SVC-DIABETES ADULT		2	0	2		90.05
90.06	09006	OUTPATIENT SURGERY		324,254	0	324,254		90.06
90.07	09007	AMB SVC-RILEY CLINICS		691,370	0	691,370		90.07
90.08	09008	MOTILITY LAB		37,623	0	37,623		90.08
90.09	09009	AMB SVC - PSYCH CHILD		0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS		49,003	0	49,003		90.10
90.11	09023	SLEEP LAB		226,492	0	226,492		90.11
90.12	09024	OP CARE ADULTS		102,629	0	102,629		90.12
90.13	09011	PEDIATRIC CLINIC		0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC		5,155	0	5,155		90.14
90.15	09013	NEUROLOGY UH		0	0	0		90.15
90.16	09014	ORTHOPEDICS UH		0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE		148,091	0	148,091		90.17
90.18	09016	DERMATOLOGY CLINIC		144,023	0	144,023		90.18
90.19	09017	INFUSION/HEM/ONC		11,727	0	11,727		90.19
90.20	09025	IUMG - MH		4,729	0	4,729		90.20
90.21	09019	OP REHAB CLINIC		23,398	0	23,398		90.21
90.22	09020	EATING DISORDERS CLINIC		33,699	0	33,699		90.22
90.23	09018	GASTROENTEROLOGY CLINIC		108,270	0	108,270		90.23
91.00	09100	EMERGENCY		1,653,835	0	1,653,835		91.00
91.01	09101	EMERGENCY-RILEY		0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
93.00	04040	FAMILY PRACTICE		0	0	0		93.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.11	24.00	25.00	26.00		
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		215,156	0	215,156		94.00
95.00	09500	AMBULANCE SERVICES		3,164,943	0	3,164,943		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0		97.00
99.00	09900	CMHC		0	0	0		99.00
99.10	09910	CORF		0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY		617,114	0	617,114		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		298,621	0	298,621		105.00
106.00	10600	HEART ACQUISITION		41,315	0	41,315		106.00
107.00	10700	LIVER ACQUISITION		126,472	0	126,472		107.00
108.00	10800	LUNG ACQUISITION		79,994	0	79,994		108.00
109.00	10900	PANCREAS ACQUISITION		58,618	0	58,618		109.00
110.00	11000	INTESTINE ACQUISITION		13,521	0	13,521		110.00
111.00	11100	ISLET ACQUISITION		0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION		9,809	0	9,809		112.00
112.01	08601	POST TRANSPLANT EXPENSES		408,673	0	408,673		112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0		115.00
116.00	11600	HOSPICE		153,970	0	153,970		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	86,097,769	0	86,097,769		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		171,109	0	171,109		190.00
191.00	19100	RESEARCH		365,759	0	365,759		191.00
191.01	19101	RESEARCH-GCRC		78,096	0	78,096		191.01
191.02	19102	OSA		71,798	0	71,798		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES		21,117	0	21,117		192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST		2,178,341	0	2,178,341		192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC		1,182,391	0	1,182,391		192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES		6,690,826	0	6,690,826		192.03
192.04	19204	MHH RADIOLOGY		361	0	361		192.04
192.05	19205	MHH LABS		0	0	0		192.05
192.06	19206	BELTWAY SURGERY		1,492	0	1,492		192.06
192.07	19207	RHI		4,480	0	4,480		192.07
192.08	19208	NON-ALLOWABLE ADVERTISING		1,134,558	0	1,134,558		192.08
192.09	19209	ARTHRITIS CLINIC - NR		285	0	285		192.09
192.10	19212	CARDIO PHYSICIANS		46,039	0	46,039		192.10
192.11	19211	UNUSED SPACE		1,420,379	0	1,420,379		192.11
193.00	19300	NONPAID WORKERS		0	0	0		193.00
200.00		Cross Foot Adjustments	0	950,923	0	950,923		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	100,415,723	0	100,415,723		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
			1.00	1.01	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	4,101,962					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	4,101,962				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			44,084,027			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,290	1,290	0	588,073,040		4.00
5.01	00510	NONPATIENT TELEPHONES	0	0	0	0	11,440	5.01
5.02	00511	DATA PROCESSING	2,084	2,084	0	36,881	0	5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	2,260	2,260	166,052	9,876	12	5.03
5.04	00513	ADMITTING	1,421	1,421	0	0	15	5.04
5.05	00514	CASHIERING	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	111,394	111,394	2,244,838	13,561,330	584	5.06
6.00	00600	MAINTENANCE & REPAIRS	25,933	25,933	1,252	335,017	20	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	2,614	2,614	63,312	1,689,343	2	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	33,264	33,264	1,027	1,012	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	1,845	1,845	0	326,102	0	9.03
10.00	01000	DIETARY	39,630	39,630	127,405	8,515,641	129	10.00
11.00	01100	CAFETERIA	1,276	1,276	0	106,338	1	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	31,215	31,215	210,659	15,941,220	134	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50,055	50,055	458,315	2,628,058	57	14.00
15.00	01500	PHARMACY	57,138	57,138	1,639,137	27,776,974	350	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	951	951	0	330,389	9	16.00
17.00	01700	SOCIAL SERVICE	5,623	5,623	1,854	4,349,056	125	17.00
18.00	01850	PATIENT TRANSPORTATION	910	910	56,491	1,832,666	31	18.00
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	3,259	3,259	0	29,490,593	54	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	46,555	46,555	12,918	528,555	91	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	10,501	10,501	16,650	129,859	11	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	3,869	3,869	0	867,773	5	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	3,715	3,715	0	377,233	8	23.03
23.04	02304	PARAMED EMERGENCY	3,611	3,611	0	231,656	6	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	561,480	15	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	480,945	10	23.06
23.07	02307	PARAMED PHARMACY	0	0	2,283	1,141,038	3	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	2,289	2,289	0	225,919	1	23.09
23.10	02310	PARAMED PHARMACY TECH	2,238	2,238	0	233,988	6	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	743,966	743,966	3,779,177	121,235,620	2,245	30.00
31.00	03100	INTENSIVE CARE UNIT	49,708	49,708	179,664	13,709,675	250	31.00
32.00	03200	CORONARY CARE UNIT	39,188	39,188	77,748	10,377,015	128	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,262	8,262	112,721	4,249,564	78	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	15,080	15,080	21,835	1,385,606	17	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	101,964	3,464,880	118	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	29,217	29,217	130,819	7,664,070	73	34.04
34.05	03404	TRANSPLANT ICU	13,559	13,559	1,200	1,926,985	0	34.05
34.06	03407	PEDS CANCER CARE	42,634	42,634	427,036	1,197,740	10	34.06
40.00	04000	SUBPROVIDER - IPF	21,417	21,417	10,002	3,170,353	90	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	16,492	16,492	36,289	3,616,882	81	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	228,107	228,107	8,443,072	30,374,136	552	50.00
50.01	05001	ENDOSCOPY	6,733	6,733	248,343	1,106,680	44	50.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
			1.00	1.01	2.00	4.00	5.01	
51.00	05100	RECOVERY ROOM	51,067	51,067	133,822	5,491,552	156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,127	56,127	287,612	6,992,890	193	52.00
53.00	05300	ANESTHESIOLOGY	1,577	1,577	573,824	1,411,453	29	53.00
53.01	05301	PULMONARY FUNCTION TESTING	19,756	19,756	176,911	2,522,875	61	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	237,906	237,906	8,875,676	25,333,795	821	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,125	44,125	1,029,943	4,355,493	149	55.00
56.00	05600	RADIOISOTOPE	19,511	19,511	183,829	852,791	40	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,315	11,315	0	880,245	23	59.00
60.00	06000	LABORATORY	173,830	173,830	1,220,753	31,248,421	678	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	4,470	4,470	13,459	896,016	8	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	17,688	17,688	115,284	935,354	25	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,985	8,985	55,441	3,058,469	12	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	25,063	25,063	761,926	19,426,527	222	65.00
66.00	06600	PHYSICAL THERAPY	41,243	41,243	186,871	10,928,383	82	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,152	12,152	16,823	2,210,105	41	67.00
68.00	06800	SPEECH PATHOLOGY	25,737	25,737	195,627	3,132,880	101	68.00
69.00	06900	ELECTROCARDIOLOGY	11,155	11,155	217,089	2,519,675	67	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,532	19,532	449,078	3,837,212	93	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,064	3,064	0	192,239	4	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	5,706	5,706	190,564	7,042,698	132	73.03
74.00	07400	RENAL DIALYSIS	34,062	34,062	218,832	6,140,578	127	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	25,143	510,207	5	76.00
76.01	03021	CARDIOLOGY	9,669	9,669	943,402	2,036,692	32	76.01
76.02	03022	PSYCH OTHER ANCILLARY	2,853	2,853	4,309	172,039	38	76.02
76.03	03023	CARDIAC CATHERIZATION	30,594	30,594	388,281	4,069,207	162	76.03
76.04	03024	DAY SURGERY	26,336	26,336	29,191	4,140,268	118	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	27,282	0	76.08
76.97	07697	CARDIAC REHABILITATION	1,188	1,188	1,196	278,893	23	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	3,190,298	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	20,275	20,275	64,746	2,071,221	63	90.01
90.02	09002	IUSCC HEM/ONC	129,062	129,062	3,086,608	25,265,406	273	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	335	335	214,298	225,317	22	90.03
90.04	09004	AMB SVC-PSYCH ADULT	28,811	28,811	39,023	375,336	34	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	11,438	11,438	144,050	2,144,224	83	90.06
90.07	09007	AMB SVC-RILEY CLINICS	37,790	37,790	218,453	4,315,886	215	90.07
90.08	09008	MOTILITY LAB	425	425	23,132	102,346	1	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	4,653	4,653	2,725	22,190	9	90.10
90.11	09023	SLEEP LAB	13,321	13,321	60,472	2,348,987	85	90.11
90.12	09024	OP CARE ADULTS	10,113	10,113	2,202	265,781	29	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	2,644	150,766	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	13,959	13,959	6,308	688,398	59	90.17
90.18	09016	DERMATOLOGY CLINIC	8,578	8,578	40,496	575,158	5	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	5,033	661,479	0	90.19
90.20	09025	IUMG - MH	0	0	1,853	347,116	22	90.20
90.21	09019	OP REHAB CLINIC	2,107	2,107	1,417	137,527	13	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	21,280	824,017	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	10,916	10,916	0	483,432	0	90.23

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
			1.00	1.01	2.00	4.00	5.01	
91.00	09100	EMERGENCY	111,454	111,454	283,311	17,674,897	485	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	11,683	11,683	58,054	849,755	18	94.00
95.00	09500	AMBULANCE SERVICES	0	0	2,208,601	7,188,385	58	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	23,805	23,805	190,884	19,125,483	76	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,596	4,596	158,347	2,229,775	64	105.00
106.00	10600	HEART ACQUISITION	2,220	2,220	10,670	244,751	4	106.00
107.00	10700	LIVER ACQUISITION	2,298	2,298	60,354	895,387	24	107.00
108.00	10800	LUNG ACQUISITION	3,782	3,782	24,438	455,665	10	108.00
109.00	10900	PANCREAS ACQUISITION	849	849	30,909	235,076	12	109.00
110.00	11000	INTESTINE ACQUISITION	331	331	5,412	147,716	2	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	6,445	160,505	2	112.00
112.01	08601	POST TRANSPLANT EXPENSES	10,965	10,965	205,915	3,304,931	83	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	6,697	6,697	44,649	3,709,354	42	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,024,477	3,024,477	42,089,678	566,248,952	10,600	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,609	17,609	639	0	19	190.00
191.00	19100	RESEARCH	28,428	28,428	52,342	3,263,841	68	191.00
191.01	19101	RESEARCH-GCRC	7,934	7,934	0	0	27	191.01
191.02	19102	OSA	1,563	1,563	28,691	1,898,538	22	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,054	1,054	1,745	97,820	6	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	160,684	160,684	414,330	7,412,151	315	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	5,056	5,056	792,967	3,385,661	208	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	693,465	693,465	0	720	4	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	100,381	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	929	30,470	4	192.06
192.07	19207	RHI	0	0	2,144	150,306	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	14,506	14,506	672,028	4,635,009	117	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	33,994	1	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	28,534	815,197	49	192.10
192.11	19211	UNUSED SPACE	147,186	147,186	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	38,780,415	0	61,635,308	135,372,774	132,854	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.454114	0.000000	1.398132	0.230197	11.613112	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				12,196	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000021	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING	11,440					5.02
5.03	00512	PURCHASING, RECEIVING, & STORES	12	215,420,271				5.03
5.04	00513	ADMITTING	15	121	3,478,976,413			5.04
5.05	00514	CASHIERING	0	0	0	6,094,568,278		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	584	214,672	0	0	-118,090,991	5.06
6.00	00600	MAINTENANCE & REPAIRS	20	24,320	0	0	0	6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0	0	0	6.03
7.00	00700	OPERATION OF PLANT	2	5,925	0	0	0	7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	86,798	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	0	3,774	0	0	0	9.03
10.00	01000	DIETARY	129	109,577	0	0	0	10.00
11.00	01100	CAFETERIA	1	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	134	22,394	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	57	3,574,956	0	0	0	14.00
15.00	01500	PHARMACY	350	2,198,345	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	125	1,267	0	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	31	5,228	0	0	0	18.00
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	54	52	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	91	9,858	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	11	63	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	5	0	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	8	3,781	0	0	0	23.03
23.04	02304	PARAMED EMERGENCY	6	0	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	15	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	10	7,258	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	3	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	1	338	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	6	2,491	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,245	13,674,503	618,727,778	652,862,620	0	30.00
31.00	03100	INTENSIVE CARE UNIT	250	2,120,150	69,884,117	69,896,293	0	31.00
32.00	03200	CORONARY CARE UNIT	128	2,056,826	51,608,905	51,608,917	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	78	365,011	22,999,523	22,988,128	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	17	143,057	6,887,930	6,884,092	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	118	1,011,417	16,993,284	16,993,286	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	73	1,087,372	39,189,866	39,188,816	0	34.04
34.05	03404	TRANSPLANT ICU	0	411,092	8,713,504	8,713,506	0	34.05
34.06	03407	PEDS CANCER CARE	10	102,722	6,371,143	6,358,954	0	34.06
40.00	04000	SUBPROVIDER - IPF	90	55,107	12,557,993	13,339,174	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	81	324,026	19,747,015	19,747,015	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	552	87,904,422	461,645,442	677,399,161	0	50.00
50.01	05001	ENDOSCOPY	44	607,864	16,384,323	25,053,228	0	50.01
51.00	05100	RECOVERY ROOM	156	485,141	36,671,894	73,921,112	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	193	765,385	52,141,600	58,007,181	0	52.00
53.00	05300	ANESTHESIOLOGY	29	3,585,391	31,602,343	43,834,226	0	53.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
53.01	05301	PULMONARY FUNCTION TESTING	61	256,821	3,807,163	30,438,390	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	821	12,831,617	217,779,199	575,806,314	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	149	379,098	4,765,594	93,025,278	0	55.00
56.00	05600	RADIOISOTOPE	40	4,289,719	7,095,219	30,150,310	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23	4,627,617	13,928,962	40,810,250	0	59.00
60.00	06000	LABORATORY	678	25,850,160	357,163,108	658,604,578	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	8	1,141,349	1,652,576	10,991,952	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	25	901,410	5,917,488	15,806,405	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12	13,141,692	63,192,622	74,599,932	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	222	3,927,867	125,573,070	128,729,092	0	65.00
66.00	06600	PHYSICAL THERAPY	82	742,693	46,221,498	79,138,764	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	41	91,917	10,667,522	14,850,510	0	67.00
68.00	06800	SPEECH PATHOLOGY	101	2,184,878	5,544,674	15,957,682	0	68.00
69.00	06900	ELECTROCARDIOLOGY	67	62,995	42,802,334	60,550,329	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	93	300,580	23,606,859	37,451,983	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4	166,263	76,783,367	127,620,689	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	277,403,695	388,231,072	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	450,743,616	867,065,540	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	132	0	0	60,922,783	0	73.03
74.00	07400	RENAL DIALYSIS	127	2,105,556	15,807,701	38,881,482	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	5	98,462	1,707,623	1,707,623	0	76.00
76.01	03021	CARDIOLOGY	32	6,637,522	25,619,365	82,907,433	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	38	23,438	454,463	2,168,560	0	76.02
76.03	03023	CARDIAC CATHERIZATION	162	5,369,883	37,802,495	110,317,803	0	76.03
76.04	03024	DAY SURGERY	118	492,144	1,044,858	7,419,725	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	140,942	140,942	0	76.08
76.97	07697	CARDIAC REHABILITATION	23	3,407	139,173	1,093,026	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	3,465,643	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	63	92,095	508,997	9,653,063	0	90.01
90.02	09002	IUSCC HEM/ONC	273	1,611,789	701,724	77,279,340	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	22	6,731	8,582	3,168,130	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	34	805	1,102	2,779,231	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	119	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	83	55,402	7,520,889	19,204,895	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	215	272,780	498,699	9,950,487	0	90.07
90.08	09008	MOTILITY LAB	1	65,721	22,306	871,228	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	9	935	310	89,780	0	90.10
90.11	09023	SLEEP LAB	85	93,267	37,581	15,539,173	0	90.11
90.12	09024	OP CARE ADULTS	29	9,121	2,627	325,835	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	22,335	0	4,329,127	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	59	17,305	4,508	1,218,341	0	90.17
90.18	09016	DERMATOLOGY CLINIC	5	101,433	2,213	2,356,762	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	44,617	8,096	4,853,912	0	90.19
90.20	09025	IUMG - MH	22	19,307	9,845	456,671	0	90.20
90.21	09019	OP REHAB CLINIC	13	802	1,952	179,869	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	2,816	4,798	2,118,737	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	21,037	4,977	682,288	0	90.23
91.00	09100	EMERGENCY	485	3,033,599	101,838,214	338,578,035	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	18	1,885,576	2,537	13,077,462	0	94.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
95.00	09500	AMBULANCE SERVICES	58	262,589	199,381	67,798,760	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	76	171,909	9	79,074,743	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	64	88,930	33,332,836	33,332,836	0	105.00
106.00	10600	HEART ACQUISITION	4	35	5,194,302	5,194,302	0	106.00
107.00	10700	LIVER ACQUISITION	24	31,979	21,049,782	21,049,782	0	107.00
108.00	10800	LUNG ACQUISITION	10	16	8,995,836	8,995,990	0	108.00
109.00	10900	PANCREAS ACQUISITION	12	13,831	6,590,488	6,590,488	0	109.00
110.00	11000	INTESTINE ACQUISITION	2	2,166	2,940,904	2,940,904	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	2	13,488	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	83	86,384	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	42	71,175	0	17,228,308	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,600	214,697,886	3,478,975,341	6,094,568,278	-118,090,991	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19	0	0	0	0	190.00
191.00	19100	RESEARCH	68	335,830	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	27	35,679	0	0	0	191.01
191.02	19102	OSA	22	11,415	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	315	191,267	1,072	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	208	23,985	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	4	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	4	0	0	0	0	192.06
192.07	19207	RHI	0	92,678	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	117	5,518	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	1	4,699	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	49	21,314	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	61,324,340	13,279,428	10,979,442	31,670,029		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5,360.519231	0.061644	0.003156	0.005196		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,703	253,550	13,460	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.722290	0.001177	0.000004	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
			5.06	6.00	6.03	7.00	7.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,595,358,523					5.06
6.00	00600	MAINTENANCE & REPAIRS	23,996,449	3,957,580				6.00
6.03	00601	MAINTENANCE & REPAIRS	0	0	0			6.03
7.00	00700	OPERATION OF PLANT	76,928,179	2,614	0	3,954,966		7.00
7.01	00701	IU LEASED SPACE	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	325,490	33,264	0	33,264	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	3,291,112	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING - RILEY	2,716,747	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING - METHODIST	5,884,529	1,845	0	1,845	0	9.03
10.00	01000	DIETARY	13,387,214	39,630	0	39,630	0	10.00
11.00	01100	CAFETERIA	1,899,575	1,276	0	1,276	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	27,628,119	31,215	0	31,215	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,891,443	50,055	0	50,055	0	14.00
15.00	01500	PHARMACY	86,916,757	57,138	0	57,138	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,685,906	951	0	951	0	16.00
17.00	01700	SOCIAL SERVICE	8,531,087	5,623	0	5,623	0	17.00
18.00	01850	PATIENT TRANSPORTATION	2,662,568	910	0	910	0	18.00
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	46,761,805	3,259	0	3,259	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,879,269	46,555	0	46,555	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	384,768	10,501	0	10,501	0	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	1,051,243	3,869	0	3,869	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	165,170	3,715	0	3,715	0	23.03
23.04	02304	PARAMED EMERGENCY	300,969	3,611	0	3,611	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	756,502	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	593,470	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	1,562,229	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	20	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	285,166	2,289	0	2,289	0	23.09
23.10	02310	PARAMED PHARMACY TECH	344,428	2,238	0	2,238	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	193,022,151	743,966	0	743,966	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,010,909	49,708	0	49,708	0	31.00
32.00	03200	CORONARY CARE UNIT	15,603,793	39,188	0	39,188	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	6,500,905	8,262	0	8,262	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,205,209	15,080	0	15,080	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	5,634,604	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	11,462,893	29,217	0	29,217	0	34.04
34.05	03404	TRANSPLANT ICU	2,819,179	13,559	0	13,559	0	34.05
34.06	03407	PEDS CANCER CARE	2,747,324	42,634	0	42,634	0	34.06
40.00	04000	SUBPROVIDER - IPF	5,018,571	21,417	0	21,417	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,610,911	16,492	0	16,492	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	70,409,419	228,107	0	228,107	0	50.00
50.01	05001	ENDOSCOPY	2,441,575	6,733	0	6,733	0	50.01
51.00	05100	RECOVERY ROOM	9,440,066	51,067	0	51,067	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,873,569	56,127	0	56,127	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
			5.06	6.00	6.03	7.00	7.01	
53.00	05300	ANESTHESIOLOGY	3,476,141	1,577	0	1,577	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	4,446,895	19,756	0	19,756	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,260,020	237,906	0	237,906	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,965,489	44,125	0	44,125	0	55.00
56.00	05600	RADIOISOTOPE	2,322,312	19,511	0	19,511	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,007,284	11,315	0	11,315	0	59.00
60.00	06000	LABORATORY	39,084,136	173,830	0	173,830	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	2,703,335	4,470	0	4,470	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	1,889,266	17,688	0	17,688	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,651,181	8,985	0	8,985	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	29,564,249	25,063	0	25,063	0	65.00
66.00	06600	PHYSICAL THERAPY	16,778,226	41,243	0	41,243	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,378,659	12,152	0	12,152	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,436,205	25,737	0	25,737	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,048,022	11,155	0	11,155	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,060,369	19,532	0	19,532	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,786,250	3,064	0	3,064	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	63,090,267	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,228,256	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	11,378,536	5,706	0	5,706	0	73.03
74.00	07400	RENAL DIALYSIS	10,443,296	34,062	0	34,062	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	753,996	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	6,772,854	9,669	0	9,669	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	494,877	2,853	0	2,853	0	76.02
76.03	03023	CARDIAC CATHERIZATION	9,710,246	30,594	0	30,594	0	76.03
76.04	03024	DAY SURGERY	6,509,366	26,336	0	26,336	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	36,790	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	666,690	1,188	0	1,188	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,201,135	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	3,360,978	20,275	0	20,275	0	90.01
90.02	09002	IUSCC HEM/ONC	44,409,137	129,062	0	129,062	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	747,418	335	0	335	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,027,150	28,811	0	28,811	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	194	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	3,729,018	11,438	0	11,438	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	4,576,534	37,790	0	37,790	0	90.07
90.08	09008	MOTILITY LAB	168,487	425	0	425	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	131,932	4,653	0	4,653	0	90.10
90.11	09023	SLEEP LAB	4,663,580	13,321	0	13,321	0	90.11
90.12	09024	OP CARE ADULTS	609,741	10,113	0	10,113	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	298,926	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1,479,173	13,959	0	13,959	0	90.17
90.18	09016	DERMATOLOGY CLINIC	950,323	8,578	0	8,578	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,226,090	0	0	0	0	90.19
90.20	09025	IUMG - MH	580,637	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	274,219	2,107	0	2,107	0	90.21
90.22	09020	EATING DISORDERS CLINIC	1,386,535	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	801,584	10,916	0	10,916	0	90.23
91.00	09100	EMERGENCY	29,837,693	111,454	0	111,454	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
			5.06	6.00	6.03	7.00	7.01	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	1,749,991	11,683	0	11,683	0	94.00
95.00	09500	AMBULANCE SERVICES	24,598,346	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	39,940,320	23,805	0	23,805	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,877,038	4,596	0	4,596	0	105.00
106.00	10600	HEART ACQUISITION	1,848,828	2,220	0	2,220	0	106.00
107.00	10700	LIVER ACQUISITION	7,264,426	2,298	0	2,298	0	107.00
108.00	10800	LUNG ACQUISITION	3,471,063	3,782	0	3,782	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,632,743	849	0	849	0	109.00
110.00	11000	INTESTINE ACQUISITION	1,014,431	331	0	331	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	258,342	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	5,343,920	10,965	0	10,965	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	6,987,469	6,697	0	6,697	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,525,021,906	2,880,095	0	2,877,481	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	269,590	17,609	0	17,609	0	190.00
191.00	19100	RESEARCH	5,113,850	28,428	0	28,428	0	191.00
191.01	19101	RESEARCH-GCRC	222,256	7,934	0	7,934	0	191.01
191.02	19102	OSA	5,743,198	1,563	0	1,563	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,242,900	1,054	0	1,054	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	16,821,131	160,684	0	160,684	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	7,190,506	5,056	0	5,056	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	7,047,295	693,465	0	693,465	0	192.03
192.04	19204	MHH RADIOLOGY	135,802	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	69,471	0	0	0	0	192.06
192.07	19207	RHI	274,560	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	20,938,766	14,506	0	14,506	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	91,651	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	1,784,128	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	1,391,513	147,186	0	147,186	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	118,090,991	25,772,714	0	82,639,580	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.074022	6.512241	0.000000	20.895143	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,193,256	310,057	0	315,649	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002628	0.078345	0.000000	0.079811	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	6,202,025					8.00
9.00	00900	HOUSEKEEPING	0	0				9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY	0	0	1,054,552			9.01
9.02	00902	HOUSEKEEPING - RILEY	0	0	0	874,845		9.02
9.03	00903	HOUSEKEEPING - METHODIST	296	0	0	0	1,619,325	9.03
10.00	01000	DIETARY	0	0	12,749	2,808	24,074	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,276	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,972	1,823	22,638	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,417	0	14,159	8,357	27,539	14.00
15.00	01500	PHARMACY	1,128	0	22,157	11,977	23,005	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	951	0	0	16.00
17.00	01700	SOCIAL SERVICE	18	0	110	3,489	2,024	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	834	0	75	18.00
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	1,152	0	332	2,927	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,506	0	4,090	0	42,466	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0	10,501	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0	3,869	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0	3,715	23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0	3,611	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	0	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	2,289	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	2,238	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,094,658	0	214,103	255,225	274,638	30.00
31.00	03100	INTENSIVE CARE UNIT	269,604	0	0	0	49,708	31.00
32.00	03200	CORONARY CARE UNIT	262,306	0	17,094	0	22,094	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	17,716	0	0	0	8,262	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	17,759	0	0	15,080	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	80,703	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	59,673	0	0	29,217	0	34.04
34.05	03404	TRANSPLANT ICU	59,739	0	13,559	0	0	34.05
34.06	03407	PEDS CANCER CARE	20,718	0	0	42,634	0	34.06
40.00	04000	SUBPROVIDER - IPF	61,434	0	0	0	21,417	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	38,013	0	9,648	0	6,844	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	455,647	0	89,224	32,131	106,751	50.00
50.01	05001	ENDOSCOPY	31,400	0	0	0	6,733	50.01
51.00	05100	RECOVERY ROOM	76,805	0	8,498	5,657	36,912	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	258,762	0	14,077	0	42,050	52.00
53.00	05300	ANESTHESIOLOGY	0	0	183	56	1,338	53.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
53.01	05301	PULMONARY FUNCTION TESTING	5,888	0	3,884	12,756	3,116	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	267,701	0	74,098	55,115	103,010	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	33,399	0	27,090	0	17,036	55.00
56.00	05600	RADIOISOTOPE	14,373	0	7,629	2,188	9,694	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,896	0	0	0	11,315	59.00
60.00	06000	LABORATORY	286	0	10,609	6,728	14,796	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	4,470	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	9,055	4,807	3,827	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,218	0	1,967	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,742	0	3,803	9,164	12,096	65.00
66.00	06600	PHYSICAL THERAPY	51,097	0	3,472	5,475	28,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	43	0	3,252	3,789	5,111	67.00
68.00	06800	SPEECH PATHOLOGY	650	0	5,258	13,380	7,100	68.00
69.00	06900	ELECTROCARDIOLOGY	16,235	0	3,490	0	7,665	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,840	0	0	3,342	16,190	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,064	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	182	0	0	0	3,265	73.03
74.00	07400	RENAL DIALYSIS	115,586	0	21,146	4,439	8,477	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	2,844	0	1,278	8,391	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	2,853	76.02
76.03	03023	CARDIAC CATHERIZATION	59,921	0	246	0	30,348	76.03
76.04	03024	DAY SURGERY	79,039	0	22,543	3,257	536	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	18	0	0	0	1,188	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	22,704	0	20,275	0	0	90.01
90.02	09002	IUSCC HEM/ONC	27,314	0	109,853	0	19,209	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	335	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	21	0	439	0	28,372	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	6,016	0	11,438	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	18,215	0	0	37,790	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	425	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	4,653	90.10
90.11	09023	SLEEP LAB	0	0	0	0	13,321	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	10,113	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	17	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	3,800	0	13,959	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	5,809	0	8,578	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	2,107	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	3,026	0	10,916	0	0	90.23
91.00	09100	EMERGENCY	579,316	0	6,626	27,333	72,921	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	11,683	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
			8.00	9.00	9.01	9.02	9.03	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	259	0	805	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	4,596	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	2,220	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,298	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	3,782	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	849	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	290	41	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	6,258	32	4,675	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	549	0	6,148	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,163,432	0	834,012	615,004	1,205,252	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	4,131	10,216	3,261	190.00
191.00	19100	RESEARCH	4,278	0	447	0	26,341	191.00
191.01	19101	RESEARCH-GCRC	15,527	0	4,559	0	3,375	191.01
191.02	19102	OSA	0	0	422	1,140	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,054	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	18,788	0	3,505	2,986	141,262	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	5,056	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	185,479	202,939	163,214	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	239	2,661	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	20,943	42,321	68,903	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,261,262	0	3,534,727	2,917,846	6,370,741	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.203363	0.000000	3.351875	3.335272	3.934195	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	322,136	0	8,649	7,140	33,226	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.051940	0.000000	0.008202	0.008161	0.020518	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY	960,978					10.00
11.00	01100	CAFETERIA	0	8,928				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	232	0	3,463		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	68	0	0	211,377,734	14.00
15.00	01500	PHARMACY	0	340	0	1	2,198,345	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	81	0	0	1,267	17.00
18.00	01850	PATIENT TRANSPORTATION	0	58	0	0	5,228	18.00
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	576	0	0	52	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	7	0	0	9,858	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	2	0	0	63	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	12	0	0	0	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	5	0	0	3,781	23.03
23.04	02304	PARAMED EMERGENCY	0	4	0	0	0	23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	14	0	0	0	23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	7	0	0	7,258	23.06
23.07	02307	PARAMED PHARMACY	0	19	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	4	0	0	338	23.09
23.10	02310	PARAMED PHARMACY TECH	0	4	0	0	2,491	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	757,647	1,962	0	1,575	13,674,503	30.00
31.00	03100	INTENSIVE CARE UNIT	60,387	209	0	181	2,120,150	31.00
32.00	03200	CORONARY CARE UNIT	42,660	158	0	140	2,056,826	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	59	0	52	365,011	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	6,411	19	0	15	143,057	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	14,556	55	0	51	1,011,417	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	25,773	118	0	105	1,087,372	34.04
34.05	03404	TRANSPLANT ICU	7,578	31	0	29	411,092	34.05
34.06	03407	PEDS CANCER CARE	5,271	20	0	15	102,722	34.06
40.00	04000	SUBPROVIDER - IPF	19,584	54	0	24	55,107	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	53	0	46	324,026	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,082	495	0	251	87,904,422	50.00
50.01	05001	ENDOSCOPY	0	17	0	12	607,864	50.01
51.00	05100	RECOVERY ROOM	882	84	0	72	485,141	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,763	106	0	82	765,385	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
			10.00	11.00	12.00	13.00	14.00	
53.00	05300	ANESTHESIOLOGY	0	26	0	10	3,585,391	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	40	0	7	256,821	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	382	0	58	12,831,617	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	43	0	7	379,098	55.00
56.00	05600	RADIOISOTOPE	0	11	0	0	4,289,719	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9	0	5	4,627,617	59.00
60.00	06000	LABORATORY	0	569	0	0	25,850,160	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	14	0	0	1,141,349	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	15	0	6	901,410	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	47	0	0	13,141,692	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	322	0	2	3,927,867	65.00
66.00	06600	PHYSICAL THERAPY	0	160	0	0	742,693	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	34	0	0	91,917	67.00
68.00	06800	SPEECH PATHOLOGY	0	49	0	5	2,184,878	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43	0	4	62,995	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	60	0	0	300,580	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3	0	0	166,263	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	98	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	447	107	0	51	2,105,556	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	5	0	4	98,462	76.00
76.01	03021	CARDIOLOGY	0	34	0	10	6,637,522	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	2	0	2	23,438	76.02
76.03	03023	CARDIAC CATHERIZATION	39	56	0	20	5,369,883	76.03
76.04	03024	DAY SURGERY	2,964	71	0	50	492,144	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	4	0	3	3,407	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	60	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	45	0	13	92,095	90.01
90.02	09002	IUSCC HEM/ONC	0	268	0	52	1,611,789	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	6	0	0	6,731	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	6	0	3	805	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	119	90.05
90.06	09006	OUTPATIENT SURGERY	0	35	0	8	55,402	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	77	0	33	272,780	90.07
90.08	09008	MOTILITY LAB	0	1	0	1	65,721	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	935	90.10
90.11	09023	SLEEP LAB	0	40	0	0	93,267	90.11
90.12	09024	OP CARE ADULTS	0	5	0	2	9,121	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	3	0	2	22,335	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	18	0	3	17,305	90.17
90.18	09016	DERMATOLOGY CLINIC	0	14	0	6	101,433	90.18
90.19	09017	INFUSION/HEM/ONC	0	10	0	5	44,617	90.19
90.20	09025	IUMG - MH	0	7	0	2	19,307	90.20
90.21	09019	OP REHAB CLINIC	0	2	0	2	802	90.21
90.22	09020	EATING DISORDERS CLINIC	0	12	0	1	2,816	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	11	0	4	21,037	90.23
91.00	09100	EMERGENCY	15	291	0	217	3,033,599	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
			10.00	11.00	12.00	13.00	14.00	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	13	0	7	1,885,576	94.00
95.00	09500	AMBULANCE SERVICES	0	107	0	43	262,589	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	310	0	63	171,909	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	30	0	0	88,930	105.00
106.00	10600	HEART ACQUISITION	0	3	0	0	35	106.00
107.00	10700	LIVER ACQUISITION	0	12	0	0	31,979	107.00
108.00	10800	LUNG ACQUISITION	0	6	0	0	16	108.00
109.00	10900	PANCREAS ACQUISITION	0	3	0	0	13,831	109.00
110.00	11000	INTESTINE ACQUISITION	0	2	0	0	2,166	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	2	0	0	13,488	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	43	0	1	86,384	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	2,919	66	0	28	71,175	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	960,978	8,591	0	3,391	210,655,349	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15	0	0	0	190.00
191.00	19100	RESEARCH	0	43	0	11	335,830	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	35,679	191.01
191.02	19102	OSA	0	17	0	7	11,415	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	140	0	20	191,267	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	45	0	28	23,985	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	1	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	1	0	0	0	192.06
192.07	19207	RHI	0	3	0	0	92,678	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	58	0	0	5,518	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	1	0	0	4,699	192.09
192.10	19212	CARDIO PHYSICIANS	0	12	0	6	21,314	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	15,611,127	2,080,177	0	30,694,593	138,934,178	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.245041	232.994736	0.000000	8,863.584464	0.657279	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	595,398	17,287	0	668,744	1,464,433	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.619575	1.936268	0.000000	193.111175	0.006928	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	137,297,780					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,094,568,278				16.00
17.00	01700	SOCIAL SERVICE	0	0	339,659			17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	6,094,568,278		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES	0	0	0	0		23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	0	0	0	0		23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	0	0	0		23.03
23.04	02304	PARAMED EMERGENCY	0	0	0	0		23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	0		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0		23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0		23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0		23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0		23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	652,862,620	252,549	652,862,620		30.00
31.00	03100	INTENSIVE CARE UNIT	0	69,896,293	20,129	69,896,293		31.00
32.00	03200	CORONARY CARE UNIT	0	51,608,917	14,220	51,608,917		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	22,988,128	8,176	22,988,128		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	6,884,092	2,137	6,884,092		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.01
34.02	03401	UH SURG 6IC	0	16,993,286	4,852	16,993,286		34.02
34.03	03402	UH NS 3IC	0	0	0	0		34.03
34.04	03403	RH PED IC	0	39,188,816	8,591	39,188,816		34.04
34.05	03404	TRANSPLANT ICU	0	8,713,506	2,526	8,713,506		34.05
34.06	03407	PEDS CANCER CARE	0	6,358,954	1,757	6,358,954		34.06
40.00	04000	SUBPROVIDER - IPF	0	13,339,174	6,528	13,339,174		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	19,747,015	11,157	19,747,015		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
45.01	04510	ICF/MR	0	0	0	0		45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	677,399,161	694	677,399,161	0	50.00
50.01	05001	ENDOSCOPY	0	25,053,228	0	25,053,228	0	50.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
51.00	05100	RECOVERY ROOM	0	73,921,112	294	73,921,112	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,007,181	3,921	58,007,181	0	52.00
53.00	05300	ANESTHESIOLOGY	0	43,834,226	0	43,834,226	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	30,438,390	0	30,438,390	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	575,806,314	0	575,806,314	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	93,025,278	0	93,025,278	0	55.00
56.00	05600	RADIOISOTOPE	0	30,150,310	0	30,150,310	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,810,250	0	40,810,250	0	59.00
60.00	06000	LABORATORY	0	658,604,578	0	658,604,578	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	10,991,952	0	10,991,952	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	15,806,405	0	15,806,405	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	74,599,932	0	74,599,932	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	128,729,092	0	128,729,092	0	65.00
66.00	06600	PHYSICAL THERAPY	0	79,138,764	0	79,138,764	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,850,510	0	14,850,510	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,957,682	0	15,957,682	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,550,329	0	60,550,329	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,451,983	0	37,451,983	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	127,620,689	0	127,620,689	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	388,231,072	0	388,231,072	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,297,780	867,065,540	0	867,065,540	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	60,922,783	0	60,922,783	0	73.03
74.00	07400	RENAL DIALYSIS	0	38,881,482	149	38,881,482	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,707,623	0	1,707,623	0	76.00
76.01	03021	CARDIOLOGY	0	82,907,433	0	82,907,433	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	2,168,560	0	2,168,560	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	110,317,803	13	110,317,803	0	76.03
76.04	03024	DAY SURGERY	0	7,419,725	988	7,419,725	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	140,942	0	140,942	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,093,026	0	1,093,026	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	3,465,643	0	3,465,643	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	9,653,063	0	9,653,063	0	90.01
90.02	09002	IUSCC HEM/ONC	0	77,279,340	0	77,279,340	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	3,168,130	0	3,168,130	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,779,231	0	2,779,231	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	19,204,895	0	19,204,895	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	9,950,487	0	9,950,487	0	90.07
90.08	09008	MOTILITY LAB	0	871,228	0	871,228	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	89,780	0	89,780	0	90.10
90.11	09023	SLEEP LAB	0	15,539,173	0	15,539,173	0	90.11
90.12	09024	OP CARE ADULTS	0	325,835	0	325,835	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	4,329,127	0	4,329,127	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	1,218,341	0	1,218,341	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	2,356,762	0	2,356,762	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	4,853,912	0	4,853,912	0	90.19
90.20	09025	IUMG - MH	0	456,671	0	456,671	0	90.20
90.21	09019	OP REHAB CLINIC	0	179,869	0	179,869	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	2,118,737	0	2,118,737	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	682,288	0	682,288	0	90.23

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			15.00	16.00	17.00	18.00	19.00	
91.00	09100	EMERGENCY	0	338,578,035	5	338,578,035	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	13,077,462	0	13,077,462	0	94.00
95.00	09500	AMBULANCE SERVICES	0	67,798,760	0	67,798,760	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	79,074,743	0	79,074,743	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	33,332,836	0	33,332,836	0	105.00
106.00	10600	HEART ACQUISITION	0	5,194,302	0	5,194,302	0	106.00
107.00	10700	LIVER ACQUISITION	0	21,049,782	0	21,049,782	0	107.00
108.00	10800	LUNG ACQUISITION	0	8,995,990	0	8,995,990	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	6,590,488	0	6,590,488	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	2,940,904	0	2,940,904	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	17,228,308	973	17,228,308	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	137,297,780	6,094,568,278	339,659	6,094,568,278	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	96,654,469	10,433,526	9,356,365	2,904,638	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.703977	0.001712	27.546348	0.000477	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,090,037	34,640	79,607	94,980	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.022506	0.000006	0.234373	0.000016	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	
			20.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		61,236				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			61,236			22.00
23.00	02300	PARAMED ED PRGM				0		23.00
23.01	02301	PARAMED ED HEALTH SCIENCES				0	4,504,352	23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST				0	942,920	23.02
23.03	02303	PARAMED RESPIRATORY THERAPY				0	450,665	23.03
23.04	02304	PARAMED EMERGENCY				0	255,653	23.04
23.05	02312	PARAMED PASTORAL EDUCATION				0	546,669	23.05
23.06	02306	PARAMED LAB SCIENCE PRO				0	527,391	23.06
23.07	02307	PARAMED PHARMACY				0	1,280,256	23.07
23.08	02308	PARAMED MEDICAL ASSIST				0	20	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY				0	246,015	23.09
23.10	02310	PARAMED PHARMACY TECH				0	254,763	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY				0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	16,572	16,572	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,485	1,485	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	643	643	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	1,350	1,350	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	8	8	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	800	800	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	7	7	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	190	190	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,394	5,394	0	0	50.00
50.01	05001	ENDOSCOPY	0	303	303	0	0	50.01
51.00	05100	RECOVERY ROOM	0	15	15	0	0	51.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	
			20.00	21.00	22.00	23.00	23.01	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,707	5,707	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	359	359	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,909	5,909	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	181	181	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	95	95	0	0	59.00
60.00	06000	LABORATORY	0	2,214	2,214	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	42	42	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	99	99	0	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	270	270	0	0	63.00
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	67	67	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	679	679	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	471	471	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	375	375	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	256	256	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	410	410	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	38	38	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	59	59	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	2	2	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	453	453	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	2,524	2,524	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	406	406	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	1,082	1,082	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	8	8	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	858	858	0	0	90.07
90.08	09008	MOTILITY LAB	0	1,928	1,928	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	607	607	0	0	90.10
90.11	09023	SLEEP LAB	0	1	1	0	0	90.11
90.12	09024	OP CARE ADULTS	0	26	26	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	356	356	0	0	90.14
90.15	09013	NEUROLOGY UH	0	952	952	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	128	128	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	110	110	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	1,115	1,115	0	0	90.19
90.20	09025	IUMG - MH	0	10	10	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
91.00	09100	EMERGENCY	0	5,413	5,413	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED HEALTH SCIENCES (PROGRAM COST)	
			20.00	21.00	22.00	23.00	23.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	29	29	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	60,006	60,006	0	4,504,352	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	956	956	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	49	49	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	11	11	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	100	100	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	23	23	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	1	1	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	61	61	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	29	29	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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	50,457,875	15,298,983	0	742,874	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	823.990381	249.836420	0.000000	0.164924	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	156,130	500,964	0	125,470	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.549644	8.180874	0.000000	0.027855	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
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 ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST	17,431					23.02
23.03	02303	PARAMED RESPIRATORY THERAPY	0	100				23.03
23.04	02304	PARAMED EMERGENCY	0	0	100			23.04
23.05	02312	PARAMED PASTORAL EDUCATION	0	0	0	339,662		23.05
23.06	02306	PARAMED LAB SCIENCE PRO	0	0	0	0	100	23.06
23.07	02307	PARAMED PHARMACY	0	0	0	0	0	23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	0	0	0	0	23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	0	0	0	23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	0	0	23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	252,549	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	20,129	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	14,220	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,176	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	2,137	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	4,852	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	8,591	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	2,526	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	1,757	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,528	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	11,157	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	694	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	294	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,921	0	52.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,431	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	100	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	100	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	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	149	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	13	0	76.03
76.04	03024	DAY SURGERY	0	0	0	988	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
91.00	09100	EMERGENCY	0	0	100	5	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	23.06	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	973	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,431	100	100	339,659	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	3	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,408,624	371,805	479,516	905,921	730,781	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	80.811428	3,718.050000	4,795.160000	2.667125	7,307.810000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	40,082	36,281	35,598	2,053	1,660	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.299466	362.810000	355.980000	0.006044	16.600000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.07	23.08	23.09	23.10	23.11	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING, & STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.03	00601	MAINTENANCE & REPAIRS						6.03
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	IU LEASED SPACE						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - UNIVERSITY						9.01
9.02	00902	HOUSEKEEPING - RILEY						9.02
9.03	00903	HOUSEKEEPING - METHODIST						9.03
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PATIENT TRANSPORTATION						18.00
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 ED PRGM						23.00
23.01	02301	PARAMED ED HEALTH SCIENCES						23.01
23.02	02302	PARAMED RADIOLOGY-METHODIST						23.02
23.03	02303	PARAMED RESPIRATORY THERAPY						23.03
23.04	02304	PARAMED EMERGENCY						23.04
23.05	02312	PARAMED PASTORAL EDUCATION						23.05
23.06	02306	PARAMED LAB SCIENCE PRO						23.06
23.07	02307	PARAMED PHARMACY	137,297,780					23.07
23.08	02308	PARAMED MEDICAL ASSIST	0	100				23.08
23.09	02309	PARAMED SURGERY TECHNOLOGY	0	0	100			23.09
23.10	02310	PARAMED PHARMACY TECH	0	0	0	100		23.10
23.11	02311	PARAMED NEUROPHYSIOLOGY	0	0	0	0	100	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	100	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03401	UH SURG 6IC	0	0	0	0	0	34.02
34.03	03402	UH NS 3IC	0	0	0	0	0	34.03
34.04	03403	RH PED IC	0	0	0	0	0	34.04
34.05	03404	TRANSPLANT ICU	0	0	0	0	0	34.05
34.06	03407	PEDS CANCER CARE	0	0	0	0	0	34.06
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	100	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.07	23.08	23.09	23.10	23.11	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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	0	0	0	100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,297,780	0	0	100	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0	0	0	76.03
76.04	03024	DAY SURGERY	0	0	0	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
			23.07	23.08	23.09	23.10	23.11	
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	137,297,780	100	100	100	100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH-GCRC	0	0	0	0	0	191.01
191.02	19102	OSA	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE-METHODIST	0	0	0	0	0	192.01
192.02	19202	OTHER NONREIMBURSABLE - IUMC	0	0	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	MHH RADIOLOGY	0	0	0	0	0	192.04
192.05	19205	MHH LABS	0	0	0	0	0	192.05
192.06	19206	BELTWAY SURGERY	0	0	0	0	0	192.06
192.07	19207	RHI	0	0	0	0	0	192.07
192.08	19208	NON-ALLOWABLE ADVERTISING	0	0	0	0	0	192.08
192.09	19209	ARTHRITIS CLINIC - NR	0	0	0	0	0	192.09
192.10	19212	CARDIO PHYSICIANS	0	0	0	0	0	192.10
192.11	19211	UNUSED SPACE	0	0	0	0	0	192.11
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,893,439	24	419,744	484,651	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.013791	0.240000	4,197.440000	4,846.510000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,364	0	22,815	22,506	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000054	0.000000	228.150000	225.060000	0.000000	205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-2 | Date/Time Prepared: 6/1/2014 7:02 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	-1,091,236	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	-491,004	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs (Title XVIII)	Costs: RCE Disallowance (Hospital)	Costs: Total Costs (PPS)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	275,751,043		275,751,043	0	275,751,043	30.00
31.00	03100	INTENSIVE CARE UNIT	28,967,627		28,967,627	0	28,967,627	31.00
32.00	03200	CORONARY CARE UNIT	21,895,664		21,895,664	0	21,895,664	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,256,575		8,256,575	0	8,256,575	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	3,250,848		3,250,848	0	3,250,848	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03401	UH SURG 6IC	7,618,000		7,618,000	0	7,618,000	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	15,658,649		15,658,649	0	15,658,649	34.04
34.05	03404	TRANSPLANT ICU	4,210,040		4,210,040	0	4,210,040	34.05
34.06	03407	PEDS CANCER CARE	4,623,346		4,623,346	0	4,623,346	34.06
40.00	04000	SUBPROVIDER - IPF	6,879,898		6,879,898	0	6,879,898	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	7,558,607		7,558,607	0	7,558,607	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	144,867,175		144,867,175	0	144,867,175	50.00
50.01	05001	ENDOSCOPY	3,404,415		3,404,415	0	3,404,415	50.01
51.00	05100	RECOVERY ROOM	12,908,289		12,908,289	0	12,908,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,247,125		16,247,125	0	16,247,125	52.00
53.00	05300	ANESTHESIOLOGY	6,329,987		6,329,987	0	6,329,987	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,693,341		5,693,341	0	5,693,341	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,135,056		88,135,056	0	88,135,056	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,527,969		11,527,969	0	11,527,969	55.00
56.00	05600	RADIOISOTOPE	5,990,993		5,990,993	0	5,990,993	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,689,689		5,689,689	0	5,689,689	59.00
60.00	06000	LABORATORY	66,153,523		66,153,523	0	66,153,523	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,821,046		3,821,046	0	3,821,046	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,259,091		3,259,091	0	3,259,091	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,139,578		15,139,578	0	15,139,578	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,858,866	0	35,858,866	0	35,858,866	65.00
66.00	06600	PHYSICAL THERAPY	20,003,229	0	20,003,229	0	20,003,229	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,106,308	0	4,106,308	0	4,106,308	67.00
68.00	06800	SPEECH PATHOLOGY	8,161,044	0	8,161,044	0	8,161,044	68.00
69.00	06900	ELECTROCARDIOLOGY	4,917,973		4,917,973	0	4,917,973	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,487,056		8,487,056	0	8,487,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,918,758		38,918,758	0	38,918,758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	68,610,173		68,610,173	0	68,610,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	254,758,015		254,758,015	0	254,758,015	73.00
73.01	07301	RENAL-RILEY	0		0	0	0	73.01
73.02	07302	RENAL-ADULT	0		0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	12,546,260		12,546,260	0	12,546,260	73.03
74.00	07400	RENAL DIALYSIS	13,158,969		13,158,969	0	13,158,969	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0		0	0	0	75.04
76.00	03020	RH NBN ECMO IC	914,882		914,882	0	914,882	76.00
76.01	03021	CARDIOLOGY	12,212,791		12,212,791	0	12,212,791	76.01
76.02	03022	PSYCH OTHER ANCILLARY	659,271		659,271	0	659,271	76.02
76.03	03023	CARDIAC CATHERIZATION	15,362,270		15,362,270	0	15,362,270	76.03
76.04	03024	DAY SURGERY	8,695,050		8,695,050	0	8,695,050	76.04
76.05	03025	ONCOLOGY	0		0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.08	03028	ECMO-ADULT	39,821		39,821	0	39,821	76.08
76.97	07697	CARDIAC REHABILITATION	785,432		785,432	0	785,432	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,607,699		5,607,699	0	5,607,699	89.00
90.00	09000	CLINIC	0		0	0	0	90.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 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	
90.01	09001	AMB SVC-OB & GYN	4,445,400		4,445,400	0	4,445,400	90.01
90.02	09002	IUSCC HEM/ONC	53,434,891		53,434,891	0	53,434,891	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	825,805		825,805	0	825,805	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,040,514		2,040,514	0	2,040,514	90.04
90.05	09005	AMB SVC-DIABETES ADULT	286		286	0	286	90.05
90.06	09006	OUTPATIENT SURGERY	4,515,614		4,515,614	0	4,515,614	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,592,280		6,592,280	0	6,592,280	90.07
90.08	09008	MOTILITY LAB	248,226		248,226	0	248,226	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	288,342		288,342	0	288,342	90.10
90.11	09023	SLEEP LAB	5,530,926		5,530,926	0	5,530,926	90.11
90.12	09024	OP CARE ADULTS	997,433		997,433	0	997,433	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	363,638		363,638	0	363,638	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0		0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2,063,631		2,063,631	0	2,063,631	90.17
90.18	09016	DERMATOLOGY CLINIC	1,413,975		1,413,975	0	1,413,975	90.18
90.19	09017	INFUSION/HEM/ONC	1,403,447		1,403,447	0	1,403,447	90.19
90.20	09025	IUMG - MH	656,665		656,665	0	656,665	90.20
90.21	09019	OP REHAB CLINIC	378,405		378,405	0	378,405	90.21
90.22	09020	EATING DISORDERS CLINIC	1,507,318		1,507,318	0	1,507,318	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,250,639		1,250,639	0	1,250,639	90.23
91.00	09100	EMERGENCY	40,825,249		40,825,249	0	40,825,249	91.00
91.01	09101	EMERGENCY-RILEY	0		0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	19,043,007		19,043,007		19,043,007	92.00
93.00	04040	FAMILY PRACTICE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,080,937		3,080,937	0	3,080,937	94.00
95.00	09500	AMBULANCE SERVICES	27,146,234		27,146,234	0	27,146,234	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	44,469,971		44,469,971		44,469,971	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,035,977		13,035,977		13,035,977	105.00
106.00	10600	HEART ACQUISITION	2,067,353		2,067,353		2,067,353	106.00
107.00	10700	LIVER ACQUISITION	7,942,731		7,942,731		7,942,731	107.00
108.00	10800	LUNG ACQUISITION	3,867,632		3,867,632		3,867,632	108.00
109.00	10900	PANCREAS ACQUISITION	2,877,956		2,877,956		2,877,956	109.00
110.00	11000	INTESTINE ACQUISITION	1,108,030		1,108,030		1,108,030	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	286,796		286,796		286,796	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,155,146		6,155,146		6,155,146	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	8,139,139		8,139,139		8,139,139	116.00
200.00		Subtotal (see instructions)	1,555,645,034	0	1,555,645,034	0	1,555,645,034	200.00
201.00		Less Observation Beds	19,043,007		19,043,007		19,043,007	201.00
202.00		Total (see instructions)	1,536,602,027	0	1,536,602,027	0	1,536,602,027	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			Title XVIII			Hospital	PPS	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	615,730,391		615,730,391			30.00
31.00	03100	INTENSIVE CARE UNIT	69,896,293		69,896,293			31.00
32.00	03200	CORONARY CARE UNIT	51,608,917		51,608,917			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	22,988,128		22,988,128			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	6,884,092		6,884,092			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0			34.01
34.02	03401	UH SURG 6IC	16,993,286		16,993,286			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	39,188,816		39,188,816			34.04
34.05	03404	TRANSPLANT ICU	8,713,506		8,713,506			34.05
34.06	03407	PEDS CANCER CARE	6,358,954		6,358,954			34.06
40.00	04000	SUBPROVIDER - IPF	13,339,174		13,339,174			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	19,747,015		19,747,015			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	461,645,442	215,753,719	677,399,161	0.213858	0.000000	50.00
50.01	05001	ENDOSCOPY	16,384,323	8,668,905	25,053,228	0.135887	0.000000	50.01
51.00	05100	RECOVERY ROOM	36,671,894	37,249,217	73,921,111	0.174622	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,141,600	5,865,581	58,007,181	0.280088	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	31,602,343	12,231,884	43,834,227	0.144407	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,807,163	26,631,227	30,438,390	0.187045	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	217,779,199	358,027,115	575,806,314	0.153064	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,765,594	88,259,684	93,025,278	0.123923	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,095,219	23,055,092	30,150,311	0.198704	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,928,962	26,881,289	40,810,251	0.139418	0.000000	59.00
60.00	06000	LABORATORY	357,163,108	301,441,470	658,604,578	0.100445	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,652,576	9,339,375	10,991,951	0.347622	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	5,917,488	9,888,917	15,806,405	0.206188	0.000000	60.02
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	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63,192,622	11,407,310	74,599,932	0.202944	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	125,573,070	3,156,022	128,729,092	0.278561	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	46,221,498	32,917,266	79,138,764	0.252761	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,667,522	4,182,989	14,850,511	0.276510	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,544,674	10,413,008	15,957,682	0.511418	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	42,802,334	17,747,995	60,550,329	0.081221	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,606,859	13,845,123	37,451,982	0.226612	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,783,367	50,837,322	127,620,689	0.304956	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	277,403,695	110,827,377	388,231,072	0.176725	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	450,743,616	416,321,924	867,065,540	0.293816	0.000000	73.00
73.01	07301	RENAL-RILEY	0	0	0	0.000000	0.000000	73.01
73.02	07302	RENAL-ADULT	0	0	0	0.000000	0.000000	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	60,922,783	60,922,783	0.205937	0.000000	73.03
74.00	07400	RENAL DIALYSIS	15,807,701	23,073,780	38,881,481	0.338438	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0.000000	0.000000	75.04
76.00	03020	RH NBN ECMO IC	1,707,623	0	1,707,623	0.535763	0.000000	76.00
76.01	03021	CARDIOLOGY	25,619,365	57,288,068	82,907,433	0.147306	0.000000	76.01
76.02	03022	PSYCH OTHER ANCILLARY	454,463	1,714,097	2,168,560	0.304013	0.000000	76.02
76.03	03023	CARDIAC CATHERIZATION	37,802,495	72,515,308	110,317,803	0.139255	0.000000	76.03
76.04	03024	DAY SURGERY	1,044,858	6,374,867	7,419,725	1.171883	0.000000	76.04
76.05	03025	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03028	ECMO-ADULT	140,942	0	140,942	0.282535	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	139,173	953,853	1,093,026	0.718585	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	3,465,643	3,465,643			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	508,997	9,144,066	9,653,063	0.460517	0.000000	90.01

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 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	
90.02	09002	IUSCC HEM/ONC	701,724	76,577,616	77,279,340	0.691451	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	8,582	3,159,549	3,168,131	0.260660	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,102	2,778,129	2,779,231	0.734201	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	7,520,889	11,684,007	19,204,896	0.235128	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	498,699	9,451,788	9,950,487	0.662508	0.000000	90.07
90.08	09008	MOTILITY LAB	22,306	848,922	871,228	0.284915	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	309	89,470	89,779	3.211686	0.000000	90.10
90.11	09023	SLEEP LAB	37,581	15,501,592	15,539,173	0.355934	0.000000	90.11
90.12	09024	OP CARE ADULTS	2,627	323,208	325,835	3.061160	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	0	4,329,127	4,329,127	0.083998	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	4,508	1,213,833	1,218,341	1.693804	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	2,213	2,354,549	2,356,762	0.599965	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	8,096	4,845,816	4,853,912	0.289137	0.000000	90.19
90.20	09025	IUMG - MH	9,845	446,826	456,671	1.437939	0.000000	90.20
90.21	09019	OP REHAB CLINIC	1,952	177,917	179,869	2.103781	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	4,798	2,113,938	2,118,736	0.711423	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,977	677,311	682,288	1.833007	0.000000	90.23
91.00	09100	EMERGENCY	101,838,214	236,739,820	338,578,034	0.120579	0.000000	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,470,412	32,661,816	37,132,228	0.512843	0.000000	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,537	13,074,926	13,077,463	0.235591	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	199,381	67,599,379	67,798,760	0.400394	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	79,074,743	79,074,743			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	33,332,836	0	33,332,836			105.00
106.00	10600	HEART ACQUISITION	5,194,302	0	5,194,302			106.00
107.00	10700	LIVER ACQUISITION	21,049,782	0	21,049,782			107.00
108.00	10800	LUNG ACQUISITION	8,995,836	154	8,995,990			108.00
109.00	10900	PANCREAS ACQUISITION	6,590,488	0	6,590,488			109.00
110.00	11000	INTESTINE ACQUISITION	2,940,904	0	2,940,904			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	17,228,308	17,228,308			116.00
200.00		Subtotal (see instructions)	3,481,213,257	2,613,355,020	6,094,568,277			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,481,213,257	2,613,355,020	6,094,568,277			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 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
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT			34.01
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.213858		50.00
50.01	05001	ENDOSCOPY	0.135887		50.01
51.00	05100	RECOVERY ROOM	0.174622		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088		52.00
53.00	05300	ANESTHESIOLOGY	0.144407		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923		55.00
56.00	05600	RADIOISOTOPE	0.198704		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418		59.00
60.00	06000	LABORATORY	0.100445		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188		60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.278561		65.00
66.00	06600	PHYSICAL THERAPY	0.252761		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510		67.00
68.00	06800	SPEECH PATHOLOGY	0.511418		68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816		73.00
73.01	07301	RENAL-RILEY	0.000000		73.01
73.02	07302	RENAL-ADULT	0.000000		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937		73.03
74.00	07400	RENAL DIALYSIS	0.338438		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.04	07501	BMTU OUTPATIENT	0.000000		75.04
76.00	03020	RH NBN ECMO IC	0.535763		76.00
76.01	03021	CARDIOLOGY	0.147306		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013		76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255		76.03
76.04	03024	DAY SURGERY	1.171883		76.04
76.05	03025	ONCOLOGY	0.000000		76.05
76.06	03026	DAY SURGERY-RILEY	0.000000		76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03028	ECMO-ADULT	0.282535		76.08
76.97	07697	CARDIAC REHABILITATION	0.718585		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.460517		90.01
90.02	09002	IUSCC HEM/ONC	0.691451		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660		90.03

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.04	09004	AMB SVC-PSYCH ADULT	0.734201		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.235128		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508		90.07
90.08	09008	MOTILITY LAB	0.284915		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	3.211686		90.10
90.11	09023	SLEEP LAB	0.355934		90.11
90.12	09024	OP CARE ADULTS	3.061160		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	0.083998		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.693804		90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965		90.18
90.19	09017	INFUSION/HEM/ONC	0.289137		90.19
90.20	09025	IUMG - MH	1.437939		90.20
90.21	09019	OP REHAB CLINIC	2.103781		90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007		90.23
91.00	09100	EMERGENCY	0.120579		91.00
91.01	09101	EMERGENCY-RILEY	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843		92.00
93.00	04040	FAMILY PRACTICE	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.235591		94.00
95.00	09500	AMBULANCE SERVICES	0.400394		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINE ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	275,751,043		275,751,043	0	275,751,043	30.00
31.00	03100	INTENSIVE CARE UNIT	28,967,627		28,967,627	0	28,967,627	31.00
32.00	03200	CORONARY CARE UNIT	21,895,664		21,895,664	0	21,895,664	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,256,575		8,256,575	0	8,256,575	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	3,250,848		3,250,848	0	3,250,848	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03401	UH SURG 6IC	7,618,000		7,618,000	0	7,618,000	34.02
34.03	03402	UH NS 3IC	0		0	0	0	34.03
34.04	03403	RH PED IC	15,658,649		15,658,649	0	15,658,649	34.04
34.05	03404	TRANSPLANT ICU	4,210,040		4,210,040	0	4,210,040	34.05
34.06	03407	PEDS CANCER CARE	4,623,346		4,623,346	0	4,623,346	34.06
40.00	04000	SUBPROVIDER - IPF	6,879,898		6,879,898	0	6,879,898	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	7,558,607		7,558,607	0	7,558,607	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	144,867,175		144,867,175	0	144,867,175	50.00
50.01	05001	ENDOSCOPY	3,404,415		3,404,415	0	3,404,415	50.01
51.00	05100	RECOVERY ROOM	12,908,289		12,908,289	0	12,908,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,247,125		16,247,125	0	16,247,125	52.00
53.00	05300	ANESTHESIOLOGY	6,329,987		6,329,987	0	6,329,987	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,693,341		5,693,341	0	5,693,341	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,135,056		88,135,056	0	88,135,056	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,527,969		11,527,969	0	11,527,969	55.00
56.00	05600	RADIOISOTOPE	5,990,993		5,990,993	0	5,990,993	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,689,689		5,689,689	0	5,689,689	59.00
60.00	06000	LABORATORY	66,153,523		66,153,523	0	66,153,523	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,821,046		3,821,046	0	3,821,046	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,259,091		3,259,091	0	3,259,091	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,139,578		15,139,578	0	15,139,578	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,858,866	0	35,858,866	0	35,858,866	65.00
66.00	06600	PHYSICAL THERAPY	20,003,229	0	20,003,229	0	20,003,229	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,106,308	0	4,106,308	0	4,106,308	67.00
68.00	06800	SPEECH PATHOLOGY	8,161,044	0	8,161,044	0	8,161,044	68.00
69.00	06900	ELECTROCARDIOLOGY	4,917,973		4,917,973	0	4,917,973	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,487,056		8,487,056	0	8,487,056	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,918,758		38,918,758	0	38,918,758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	68,610,173		68,610,173	0	68,610,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	254,758,015		254,758,015	0	254,758,015	73.00
73.01	07301	RENAL-RILEY	0		0	0	0	73.01
73.02	07302	RENAL-ADULT	0		0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	12,546,260		12,546,260	0	12,546,260	73.03
74.00	07400	RENAL DIALYSIS	13,158,969		13,158,969	0	13,158,969	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0		0	0	0	75.04
76.00	03020	RH NBN ECMO IC	914,882		914,882	0	914,882	76.00
76.01	03021	CARDIOLOGY	12,212,791		12,212,791	0	12,212,791	76.01
76.02	03022	PSYCH OTHER ANCILLARY	659,271		659,271	0	659,271	76.02
76.03	03023	CARDIAC CATHERIZATION	15,362,270		15,362,270	0	15,362,270	76.03
76.04	03024	DAY SURGERY	8,695,050		8,695,050	0	8,695,050	76.04
76.05	03025	ONCOLOGY	0		0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0		0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0		0	0	0	76.07
76.08	03028	ECMO-ADULT	39,821		39,821	0	39,821	76.08
76.97	07697	CARDIAC REHABILITATION	785,432		785,432	0	785,432	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,607,699		5,607,699	0	5,607,699	89.00
90.00	09000	CLINIC	0		0	0	0	90.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	
90.01	09001	AMB SVC-OB & GYN	4,445,400		4,445,400	0	4,445,400	90.01
90.02	09002	IUSCC HEM/ONC	53,434,891		53,434,891	0	53,434,891	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	825,805		825,805	0	825,805	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,040,514		2,040,514	0	2,040,514	90.04
90.05	09005	AMB SVC-DIABETES ADULT	286		286	0	286	90.05
90.06	09006	OUTPATIENT SURGERY	4,515,614		4,515,614	0	4,515,614	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,592,280		6,592,280	0	6,592,280	90.07
90.08	09008	MOTILITY LAB	248,226		248,226	0	248,226	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0		0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	288,342		288,342	0	288,342	90.10
90.11	09023	SLEEP LAB	5,530,926		5,530,926	0	5,530,926	90.11
90.12	09024	OP CARE ADULTS	997,433		997,433	0	997,433	90.12
90.13	09011	PEDIATRIC CLINIC	0		0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	363,638		363,638	0	363,638	90.14
90.15	09013	NEUROLOGY UH	0		0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0		0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2,063,631		2,063,631	0	2,063,631	90.17
90.18	09016	DERMATOLOGY CLINIC	1,413,975		1,413,975	0	1,413,975	90.18
90.19	09017	INFUSION/HEM/ONC	1,403,447		1,403,447	0	1,403,447	90.19
90.20	09025	IUMG - MH	656,665		656,665	0	656,665	90.20
90.21	09019	OP REHAB CLINIC	378,405		378,405	0	378,405	90.21
90.22	09020	EATING DISORDERS CLINIC	1,507,318		1,507,318	0	1,507,318	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1,250,639		1,250,639	0	1,250,639	90.23
91.00	09100	EMERGENCY	40,825,249		40,825,249	0	40,825,249	91.00
91.01	09101	EMERGENCY-RILEY	0		0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	19,043,007		19,043,007		19,043,007	92.00
93.00	04040	FAMILY PRACTICE	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,080,937		3,080,937	0	3,080,937	94.00
95.00	09500	AMBULANCE SERVICES	27,146,234		27,146,234	0	27,146,234	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	44,469,971		44,469,971		44,469,971	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,035,977		13,035,977		13,035,977	105.00
106.00	10600	HEART ACQUISITION	2,067,353		2,067,353		2,067,353	106.00
107.00	10700	LIVER ACQUISITION	7,942,731		7,942,731		7,942,731	107.00
108.00	10800	LUNG ACQUISITION	3,867,632		3,867,632		3,867,632	108.00
109.00	10900	PANCREAS ACQUISITION	2,877,956		2,877,956		2,877,956	109.00
110.00	11000	INTESTINE ACQUISITION	1,108,030		1,108,030		1,108,030	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	286,796		286,796		286,796	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,155,146		6,155,146		6,155,146	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	8,139,139		8,139,139		8,139,139	116.00
200.00		Subtotal (see instructions)	1,555,645,034	0	1,555,645,034	0	1,555,645,034	200.00
201.00		Less Observation Beds	19,043,007		19,043,007		19,043,007	201.00
202.00		Total (see instructions)	1,536,602,027	0	1,536,602,027	0	1,536,602,027	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	615,730,391		615,730,391			30.00
31.00	03100	INTENSIVE CARE UNIT	69,896,293		69,896,293			31.00
32.00	03200	CORONARY CARE UNIT	51,608,917		51,608,917			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	22,988,128		22,988,128			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	6,884,092		6,884,092			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0		0			34.01
34.02	03401	UH SURG 6IC	16,993,286		16,993,286			34.02
34.03	03402	UH NS 3IC	0		0			34.03
34.04	03403	RH PED IC	39,188,816		39,188,816			34.04
34.05	03404	TRANSPLANT ICU	8,713,506		8,713,506			34.05
34.06	03407	PEDS CANCER CARE	6,358,954		6,358,954			34.06
40.00	04000	SUBPROVIDER - IPF	13,339,174		13,339,174			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	19,747,015		19,747,015			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	461,645,442	215,753,719	677,399,161	0.213858	0.000000	50.00
50.01	05001	ENDOSCOPY	16,384,323	8,668,905	25,053,228	0.135887	0.000000	50.01
51.00	05100	RECOVERY ROOM	36,671,894	37,249,217	73,921,111	0.174622	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,141,600	5,865,581	58,007,181	0.280088	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	31,602,343	12,231,884	43,834,227	0.144407	0.000000	53.00
53.01	05301	PULMONARY FUNCTION TESTING	3,807,163	26,631,227	30,438,390	0.187045	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	217,779,199	358,027,115	575,806,314	0.153064	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,765,594	88,259,684	93,025,278	0.123923	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,095,219	23,055,092	30,150,311	0.198704	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,928,962	26,881,289	40,810,251	0.139418	0.000000	59.00
60.00	06000	LABORATORY	357,163,108	301,441,470	658,604,578	0.100445	0.000000	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	1,652,576	9,339,375	10,991,951	0.347622	0.000000	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	5,917,488	9,888,917	15,806,405	0.206188	0.000000	60.02
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	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63,192,622	11,407,310	74,599,932	0.202944	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	125,573,070	3,156,022	128,729,092	0.278561	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	46,221,498	32,917,266	79,138,764	0.252761	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,667,522	4,182,989	14,850,511	0.276510	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,544,674	10,413,008	15,957,682	0.511418	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	42,802,334	17,747,995	60,550,329	0.081221	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,606,859	13,845,123	37,451,982	0.226612	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,783,367	50,837,322	127,620,689	0.304956	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	277,403,695	110,827,377	388,231,072	0.176725	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	450,743,616	416,321,924	867,065,540	0.293816	0.000000	73.00
73.01	07301	RENAL-RILEY	0	0	0	0.000000	0.000000	73.01
73.02	07302	RENAL-ADULT	0	0	0	0.000000	0.000000	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	60,922,783	60,922,783	0.205937	0.000000	73.03
74.00	07400	RENAL DIALYSIS	15,807,701	23,073,780	38,881,481	0.338438	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0.000000	0.000000	75.04
76.00	03020	RH NBN ECMO IC	1,707,623	0	1,707,623	0.535763	0.000000	76.00
76.01	03021	CARDIOLOGY	25,619,365	57,288,068	82,907,433	0.147306	0.000000	76.01
76.02	03022	PSYCH OTHER ANCILLARY	454,463	1,714,097	2,168,560	0.304013	0.000000	76.02
76.03	03023	CARDIAC CATHERIZATION	37,802,495	72,515,308	110,317,803	0.139255	0.000000	76.03
76.04	03024	DAY SURGERY	1,044,858	6,374,867	7,419,725	1.171883	0.000000	76.04
76.05	03025	ONCOLOGY	0	0	0	0.000000	0.000000	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0.000000	0.000000	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0.000000	0.000000	76.07
76.08	03028	ECMO-ADULT	140,942	0	140,942	0.282535	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	139,173	953,853	1,093,026	0.718585	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	3,465,643	3,465,643	1.618083	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	AMB SVC-OB & GYN	508,997	9,144,066	9,653,063	0.460517	0.000000	90.01

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	
90.02	09002	IUSCC HEM/ONC	701,724	76,577,616	77,279,340	0.691451	0.000000	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	8,582	3,159,549	3,168,131	0.260660	0.000000	90.03
90.04	09004	AMB SVC-PSYCH ADULT	1,102	2,778,129	2,779,231	0.734201	0.000000	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0.000000	0.000000	90.05
90.06	09006	OUTPATIENT SURGERY	7,520,889	11,684,007	19,204,896	0.235128	0.000000	90.06
90.07	09007	AMB SVC-RILEY CLINICS	498,699	9,451,788	9,950,487	0.662508	0.000000	90.07
90.08	09008	MOTILITY LAB	22,306	848,922	871,228	0.284915	0.000000	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0.000000	0.000000	90.09
90.10	09010	CLINICAL GERIATRICS	309	89,470	89,779	3.211686	0.000000	90.10
90.11	09023	SLEEP LAB	37,581	15,501,592	15,539,173	0.355934	0.000000	90.11
90.12	09024	OP CARE ADULTS	2,627	323,208	325,835	3.061160	0.000000	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09012	ARTHRITIS CLINIC	0	4,329,127	4,329,127	0.083998	0.000000	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0.000000	0.000000	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0.000000	0.000000	90.16
90.17	09015	PHYSICAL MEDICINE	4,508	1,213,833	1,218,341	1.693804	0.000000	90.17
90.18	09016	DERMATOLOGY CLINIC	2,213	2,354,549	2,356,762	0.599965	0.000000	90.18
90.19	09017	INFUSION/HEM/ONC	8,096	4,845,816	4,853,912	0.289137	0.000000	90.19
90.20	09025	IUMG - MH	9,845	446,826	456,671	1.437939	0.000000	90.20
90.21	09019	OP REHAB CLINIC	1,952	177,917	179,869	2.103781	0.000000	90.21
90.22	09020	EATING DISORDERS CLINIC	4,798	2,113,938	2,118,736	0.711423	0.000000	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	4,977	677,311	682,288	1.833007	0.000000	90.23
91.00	09100	EMERGENCY	101,838,214	236,739,820	338,578,034	0.120579	0.000000	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0.000000	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,470,412	32,661,816	37,132,228	0.512843	0.000000	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,537	13,074,926	13,077,463	0.235591	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	199,381	67,599,379	67,798,760	0.400394	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	79,074,743	79,074,743			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	33,332,836	0	33,332,836			105.00
106.00	10600	HEART ACQUISITION	5,194,302	0	5,194,302			106.00
107.00	10700	LIVER ACQUISITION	21,049,782	0	21,049,782			107.00
108.00	10800	LUNG ACQUISITION	8,995,836	154	8,995,990			108.00
109.00	10900	PANCREAS ACQUISITION	6,590,488	0	6,590,488			109.00
110.00	11000	INTESTINE ACQUISITION	2,940,904	0	2,940,904			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
112.01	08601	POST TRANSPLANT EXPENSES	0	0	0			112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	17,228,308	17,228,308			116.00
200.00		Subtotal (see instructions)	3,481,213,257	2,613,355,020	6,094,568,277			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	3,481,213,257	2,613,355,020	6,094,568,277			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT			34.01
34.02	03401	UH SURG 6IC			34.02
34.03	03402	UH NS 3IC			34.03
34.04	03403	RH PED IC			34.04
34.05	03404	TRANSPLANT ICU			34.05
34.06	03407	PEDS CANCER CARE			34.06
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/MR			45.01
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.213858		50.00
50.01	05001	ENDOSCOPY	0.135887		50.01
51.00	05100	RECOVERY ROOM	0.174622		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088		52.00
53.00	05300	ANESTHESIOLOGY	0.144407		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923		55.00
56.00	05600	RADIOISOTOPE	0.198704		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418		59.00
60.00	06000	LABORATORY	0.100445		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188		60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.278561		65.00
66.00	06600	PHYSICAL THERAPY	0.252761		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510		67.00
68.00	06800	SPEECH PATHOLOGY	0.511418		68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816		73.00
73.01	07301	RENAL-RILEY	0.000000		73.01
73.02	07302	RENAL-ADULT	0.000000		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937		73.03
74.00	07400	RENAL DIALYSIS	0.338438		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.04	07501	BMTU OUTPATIENT	0.000000		75.04
76.00	03020	RH NBN ECMO IC	0.535763		76.00
76.01	03021	CARDIOLOGY	0.147306		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013		76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255		76.03
76.04	03024	DAY SURGERY	1.171883		76.04
76.05	03025	ONCOLOGY	0.000000		76.05
76.06	03026	DAY SURGERY-RILEY	0.000000		76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000		76.07
76.08	03028	ECMO-ADULT	0.282535		76.08
76.97	07697	CARDIAC REHABILITATION	0.718585		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.618083		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	0.460517		90.01
90.02	09002	IUSCC HEM/ONC	0.691451		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660		90.03

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.04	09004	AMB SVC-PSYCH ADULT	0.734201		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	0.235128		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508		90.07
90.08	09008	MOTILITY LAB	0.284915		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	3.211686		90.10
90.11	09023	SLEEP LAB	0.355934		90.11
90.12	09024	OP CARE ADULTS	3.061160		90.12
90.13	09011	PEDIATRIC CLINIC	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	0.083998		90.14
90.15	09013	NEUROLOGY UH	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	1.693804		90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965		90.18
90.19	09017	INFUSION/HEM/ONC	0.289137		90.19
90.20	09025	IUMG - MH	1.437939		90.20
90.21	09019	OP REHAB CLINIC	2.103781		90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007		90.23
91.00	09100	EMERGENCY	0.120579		91.00
91.01	09101	EMERGENCY-RILEY	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843		92.00
93.00	04040	FAMILY PRACTICE	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.235591		94.00
95.00	09500	AMBULANCE SERVICES	0.400394		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINE ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	OTHER ORGAN ACQUISITION			112.00
112.01	08601	POST TRANSPLANT EXPENSES			112.01
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	144,867,175	14,990,740	129,876,435	0	0	50.00
50.01	05001	ENDOSCOPY	3,404,415	428,112	2,976,303	0	0	50.01
51.00	05100	RECOVERY ROOM	12,908,289	728,413	12,179,876	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,247,125	1,019,665	15,227,460	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,329,987	858,816	5,471,171	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,693,341	453,790	5,239,551	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,135,056	15,013,577	73,121,479	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,527,969	1,896,926	9,631,043	0	0	55.00
56.00	05600	RADIOISOTOPE	5,990,993	487,259	5,503,734	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,689,689	154,233	5,535,456	0	0	59.00
60.00	06000	LABORATORY	66,153,523	3,709,211	62,444,312	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,821,046	78,539	3,742,507	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,259,091	345,290	2,913,801	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,139,578	287,366	14,852,212	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,858,866	1,421,292	34,437,574	0	0	65.00
66.00	06600	PHYSICAL THERAPY	20,003,229	713,747	19,289,482	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,106,308	150,671	3,955,637	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,161,044	554,904	7,606,140	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,917,973	425,447	4,492,526	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,487,056	838,338	7,648,718	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,918,758	128,003	38,790,755	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	68,610,173	175,452	68,434,721	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	254,758,015	3,482,862	251,275,153	0	0	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	12,546,260	353,166	12,193,094	0	0	73.03
74.00	07400	RENAL DIALYSIS	13,158,969	695,901	12,463,068	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	914,882	38,779	876,103	0	0	76.00
76.01	03021	CARDIOLOGY	12,212,791	1,487,786	10,725,005	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	659,271	35,509	623,762	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	15,362,270	916,664	14,445,606	0	0	76.03
76.04	03024	DAY SURGERY	8,695,050	331,705	8,363,345	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	39,821	102	39,719	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	785,432	15,554	769,878	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,607,699	13,928	5,593,771	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	4,445,400	299,298	4,146,102	0	0	90.01
90.02	09002	IUSCC HEM/ONC	53,434,891	5,701,813	47,733,078	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	825,805	304,984	520,821	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,040,514	335,509	1,705,005	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	286	2	284	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	4,515,614	324,254	4,191,360	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,592,280	691,370	5,900,910	0	0	90.07
90.08	09008	MOTILITY LAB	248,226	37,623	210,603	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	288,342	49,003	239,339	0	0	90.10
90.11	09023	SLEEP LAB	5,530,926	226,492	5,304,434	0	0	90.11
90.12	09024	OP CARE ADULTS	997,433	102,629	894,804	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	363,638	5,155	358,483	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	2,063,631	148,091	1,915,540	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	1,413,975	144,023	1,269,952	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	1,403,447	11,727	1,391,720	0	0	90.19
90.20	09025	IUMG - MH	656,665	4,729	651,936	0	0	90.20
90.21	09019	OP REHAB CLINIC	378,405	23,398	355,007	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	1,507,318	33,699	1,473,619	0	0	90.22

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

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet C Part II Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Title XIX Total Cost (Wkst. B, Part I, col. 26)	Title XIX Capital Cost (Wkst. B, Part II col. 26)	Title XIX Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital Capital Reduction	PPS Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
90.23	09018	GASTROENTEROLOGY CLINIC	1,250,639	108,270	1,142,369	0	0	90.23
91.00	09100	EMERGENCY	40,825,249	1,653,835	39,171,414	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	19,043,007	972,564	18,070,443	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,080,937	215,156	2,865,781	0	0	94.00
95.00	09500	AMBULANCE SERVICES	27,146,234	3,164,943	23,981,291	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	44,469,971	617,114	43,852,857	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,035,977	298,621	12,737,356	0	0	105.00
106.00	10600	HEART ACQUISITION	2,067,353	41,315	2,026,038	0	0	106.00
107.00	10700	LIVER ACQUISITION	7,942,731	126,472	7,816,259	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,867,632	79,994	3,787,638	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,877,956	58,618	2,819,338	0	0	109.00
110.00	11000	INTESTINE ACQUISITION	1,108,030	13,521	1,094,509	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	286,796	9,809	276,987	0	0	112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,155,146	408,673	5,746,473	0	0	112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	8,139,139	153,970	7,985,169	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,170,974,737	68,598,421	1,102,376,316	0	0	200.00
201.00		Less Observation Beds	19,043,007	972,564	18,070,443	0	0	201.00
202.00		Total (line 200 minus line 201)	1,151,931,730	67,625,857	1,084,305,873	0	0	202.00

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

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	144,867,175	677,399,161	0.213858		50.00
50.01	05001	ENDOSCOPY	3,404,415	25,053,228	0.135887		50.01
51.00	05100	RECOVERY ROOM	12,908,289	73,921,111	0.174622		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,247,125	58,007,181	0.280088		52.00
53.00	05300	ANESTHESIOLOGY	6,329,987	43,834,227	0.144407		53.00
53.01	05301	PULMONARY FUNCTION TESTING	5,693,341	30,438,390	0.187045		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,135,056	575,806,314	0.153064		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,527,969	93,025,278	0.123923		55.00
56.00	05600	RADIOISOTOPE	5,990,993	30,150,311	0.198704		56.00
57.00	05700	CT SCAN	0	0	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	5,689,689	40,810,251	0.139418		59.00
60.00	06000	LABORATORY	66,153,523	658,604,578	0.100445		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	3,821,046	10,991,951	0.347622		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	3,259,091	15,806,405	0.206188		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,139,578	74,599,932	0.202944		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	35,858,866	128,729,092	0.278561		65.00
66.00	06600	PHYSICAL THERAPY	20,003,229	79,138,764	0.252761		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,106,308	14,850,511	0.276510		67.00
68.00	06800	SPEECH PATHOLOGY	8,161,044	15,957,682	0.511418		68.00
69.00	06900	ELECTROCARDIOLOGY	4,917,973	60,550,329	0.081221		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,487,056	37,451,982	0.226612		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,918,758	127,620,689	0.304956		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	68,610,173	388,231,072	0.176725		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	254,758,015	867,065,540	0.293816		73.00
73.01	07301	RENAL-RILEY	0	0	0.000000		73.01
73.02	07302	RENAL-ADULT	0	0	0.000000		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	12,546,260	60,922,783	0.205937		73.03
74.00	07400	RENAL DIALYSIS	13,158,969	38,881,481	0.338438		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000		75.04
76.00	03020	RH NBN ECMO IC	914,882	1,707,623	0.535763		76.00
76.01	03021	CARDIOLOGY	12,212,791	82,907,433	0.147306		76.01
76.02	03022	PSYCH OTHER ANCILLARY	659,271	2,168,560	0.304013		76.02
76.03	03023	CARDIAC CATHERIZATION	15,362,270	110,317,803	0.139255		76.03
76.04	03024	DAY SURGERY	8,695,050	7,419,725	1.171883		76.04
76.05	03025	ONCOLOGY	0	0	0.000000		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000		76.07
76.08	03028	ECMO-ADULT	39,821	140,942	0.282535		76.08
76.97	07697	CARDIAC REHABILITATION	785,432	1,093,026	0.718585		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	5,607,699	3,465,643	1.618083		89.00
90.00	09000	CLINIC	0	0	0.000000		90.00
90.01	09001	AMB SVC-OB & GYN	4,445,400	9,653,063	0.460517		90.01
90.02	09002	IUSCC HEM/ONC	53,434,891	77,279,340	0.691451		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	825,805	3,168,131	0.260660		90.03
90.04	09004	AMB SVC-PSYCH ADULT	2,040,514	2,779,231	0.734201		90.04
90.05	09005	AMB SVC-DIABETES ADULT	286	0	0.000000		90.05
90.06	09006	OUTPATIENT SURGERY	4,515,614	19,204,896	0.235128		90.06
90.07	09007	AMB SVC-RILEY CLINICS	6,592,280	9,950,487	0.662508		90.07
90.08	09008	MOTILITY LAB	248,226	871,228	0.284915		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000		90.09
90.10	09010	CLINICAL GERIATRICS	288,342	89,779	3.211686		90.10
90.11	09023	SLEEP LAB	5,530,926	15,539,173	0.355934		90.11
90.12	09024	OP CARE ADULTS	997,433	325,835	3.061160		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000		90.13
90.14	09012	ARTHRITIS CLINIC	363,638	4,329,127	0.083998		90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000		90.16
90.17	09015	PHYSICAL MEDICINE	2,063,631	1,218,341	1.693804		90.17
90.18	09016	DERMATOLOGY CLINIC	1,413,975	2,356,762	0.599965		90.18
90.19	09017	INFUSION/HEM/ONC	1,403,447	4,853,912	0.289137		90.19
90.20	09025	IUMG - MH	656,665	456,671	1.437939		90.20
90.21	09019	OP REHAB CLINIC	378,405	179,869	2.103781		90.21
90.22	09020	EATING DISORDERS CLINIC	1,507,318	2,118,736	0.711423		90.22

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

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)			
			6.00	7.00	8.00			
90.23	09018	GASTROENTEROLOGY CLINIC	1,250,639	682,288	1.833007			90.23
91.00	09100	EMERGENCY	40,825,249	338,578,034	0.120579			91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	19,043,007	37,132,228	0.512843			92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000			93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	3,080,937	13,077,463	0.235591			94.00
95.00	09500	AMBULANCE SERVICES	27,146,234	67,798,760	0.400394			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000			97.00
99.00	09900	CMHC	0	0	0.000000			99.00
99.10	09910	CORF	0	0	0.000000			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000			100.00
101.00	10100	HOME HEALTH AGENCY	44,469,971	79,074,743	0.562379			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	13,035,977	33,332,836	0.391085			105.00
106.00	10600	HEART ACQUISITION	2,067,353	5,194,302	0.398004			106.00
107.00	10700	LIVER ACQUISITION	7,942,731	21,049,782	0.377331			107.00
108.00	10800	LUNG ACQUISITION	3,867,632	8,995,990	0.429928			108.00
109.00	10900	PANCREAS ACQUISITION	2,877,956	6,590,488	0.436683			109.00
110.00	11000	INTESTINE ACQUISITION	1,108,030	2,940,904	0.376765			110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000			111.00
112.00	08600	OTHER ORGAN ACQUISITION	286,796	0	0.000000			112.00
112.01	08601	POST TRANSPLANT EXPENSES	6,155,146	0	0.000000			112.01
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000			115.00
116.00	11600	HOSPICE	8,139,139	17,228,308	0.472428			116.00
200.00		Subtotal (sum of lines 50 thru 199)	1,170,974,737	5,223,119,705				200.00
201.00		Less Observation Beds	19,043,007	0				201.00
202.00		Total (line 200 minus line 201)	1,151,931,730	5,223,119,705				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 6/1/2014 7:02 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	14,083,154	0	14,083,154	273,752	51.44	30.00
31.00	INTENSIVE CARE UNIT	896,449		896,449	20,129	44.54	31.00
32.00	CORONARY CARE UNIT	616,169		616,169	14,220	43.33	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	271,041		271,041	8,176	33.15	32.01
33.00	BURN INTENSIVE CARE UNIT	191,124		191,124	2,137	89.44	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	UH SURG 6IC	190,585		190,585	4,852	39.28	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	545,810		545,810	8,591	63.53	34.04
34.05	TRANSPLANT ICU	157,178		157,178	2,526	62.22	34.05
34.06	PEDS CANCER CARE	1,023,161		1,023,161	1,757	582.33	34.06
40.00	SUBPROVIDER - IPF	256,085	0	256,085	6,528	39.23	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	241,156		241,156	11,157	21.61	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	18,471,912		18,471,912	353,825		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	76,232	3,921,374		30.00
31.00	INTENSIVE CARE UNIT	6,754	300,823		31.00
32.00	CORONARY CARE UNIT	5,772	250,101		32.00
32.01	NEONATAL INTENSIVE CARE UNIT	0	0		32.01
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
34.01	SURGICAL INTENSIVE CARE UNIT	0	0		34.01
34.02	UH SURG 6IC	2,119	83,234		34.02
34.03	UH NS 3IC	0	0		34.03
34.04	RH PED IC	14	889		34.04
34.05	TRANSPLANT ICU	816	50,772		34.05
34.06	PEDS CANCER CARE	43	25,040		34.06
40.00	SUBPROVIDER - IPF	1,532	60,100		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
45.01	ICF/MR	0	0		45.01
200.00	Total (lines 30-199)	93,282	4,692,333		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 6/1/2014 7:02 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	14,990,740	677,399,161	0.022130	127,200,679	2,814,951	50.00
50.01	05001	ENDOSCOPY	428,112	25,053,228	0.017088	6,890,523	117,745	50.01
51.00	05100	RECOVERY ROOM	728,413	73,921,111	0.009854	10,104,062	99,565	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,019,665	58,007,181	0.017578	653,376	11,485	52.00
53.00	05300	ANESTHESIOLOGY	858,816	43,834,227	0.019592	8,234,117	161,323	53.00
53.01	05301	PULMONARY FUNCTION TESTING	453,790	30,438,390	0.014908	477,137	7,113	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,013,577	575,806,314	0.026074	66,247,683	1,727,342	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,896,926	93,025,278	0.020392	1,197,533	24,420	55.00
56.00	05600	RADIOISOTOPE	487,259	30,150,311	0.016161	3,268,973	52,830	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	154,233	40,810,251	0.003779	6,967,886	26,332	59.00
60.00	06000	LABORATORY	3,709,211	658,604,578	0.005632	112,767,911	635,109	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	78,539	10,991,951	0.007145	525,450	3,754	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	345,290	15,806,405	0.021845	1,351,842	29,531	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	287,366	74,599,932	0.003852	16,728,594	64,439	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,421,292	128,729,092	0.011041	32,147,550	354,941	65.00
66.00	06600	PHYSICAL THERAPY	713,747	79,138,764	0.009019	17,078,690	154,033	66.00
67.00	06700	OCCUPATIONAL THERAPY	150,671	14,850,511	0.010146	2,716,127	27,558	67.00
68.00	06800	SPEECH PATHOLOGY	554,904	15,957,682	0.034773	1,609,833	55,979	68.00
69.00	06900	ELECTROCARDIOLOGY	425,447	60,550,329	0.007026	19,753,119	138,785	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	838,338	37,451,982	0.022384	7,134,739	159,704	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,003	127,620,689	0.001003	26,549,173	26,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	175,452	388,231,072	0.000452	86,203,810	38,964	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,482,862	867,065,540	0.004017	134,193,924	539,057	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	353,166	60,922,783	0.005797	0	0	73.03
74.00	07400	RENAL DIALYSIS	695,901	38,881,481	0.017898	7,958,878	142,448	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	38,779	1,707,623	0.022709	0	0	76.00
76.01	03021	CARDIOLOGY	1,487,786	82,907,433	0.017945	5,839,231	104,785	76.01
76.02	03022	PSYCH OTHER ANCILLARY	35,509	2,168,560	0.016374	13,314	218	76.02
76.03	03023	CARDIAC CATHERIZATION	916,664	110,317,803	0.008309	15,467,131	128,516	76.03
76.04	03024	DAY SURGERY	331,705	7,419,725	0.044706	292,959	13,097	76.04
76.05	03025	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03028	ECMO-ADULT	102	140,942	0.000724	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	15,554	1,093,026	0.014230	56,275	801	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	13,928	3,465,643	0.004019	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	299,298	9,653,063	0.031005	8,350	259	90.01
90.02	09002	IUSCC HEM/ONC	5,701,813	77,279,340	0.073782	316,711	23,368	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	304,984	3,168,131	0.096266	5,530	532	90.03
90.04	09004	AMB SVC-PSYCH ADULT	335,509	2,779,231	0.120720	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	2	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	324,254	19,204,896	0.016884	3,446,043	58,183	90.06
90.07	09007	AMB SVC-RILEY CLINICS	691,370	9,950,487	0.069481	3,384	235	90.07
90.08	09008	MOTILITY LAB	37,623	871,228	0.043184	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	49,003	89,779	0.545818	106	58	90.10
90.11	09023	SLEEP LAB	226,492	15,539,173	0.014576	0	0	90.11
90.12	09024	OP CARE ADULTS	102,629	325,835	0.314972	924	291	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	5,155	4,329,127	0.001191	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	148,091	1,218,341	0.121551	2,404	292	90.17
90.18	09016	DERMATOLOGY CLINIC	144,023	2,356,762	0.061111	2,140	131	90.18
90.19	09017	INFUSION/HEM/ONC	11,727	4,853,912	0.002416	5,190	13	90.19
90.20	09025	IUMG - MH	4,729	456,671	0.010355	6,942	72	90.20
90.21	09019	OP REHAB CLINIC	23,398	179,869	0.130084	0	0	90.21

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 6/1/2014 7:02 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	
90.22	09020	EATING DISORDERS CLINIC	33,699	2,118,736	0.015905	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	108,270	682,288	0.158687	3,022	480	90.23
91.00	09100	EMERGENCY	1,653,835	338,578,034	0.004885	29,913,651	146,128	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	972,564	37,132,228	0.026192	678,105	17,761	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	215,156	13,077,463	0.016452	530	9	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	63,625,371	4,980,913,592		754,023,551	7,909,266	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 6/1/2014 7:02 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	0	673,604	0	0	673,604	30.00
31.00	03100	INTENSIVE CARE UNIT	0	53,687	0		53,687	31.00
32.00	03200	CORONARY CARE UNIT	0	37,927	0		37,927	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	21,806	0		21,806	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,700	0		5,700	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.01
34.02	03401	UH SURG 6IC	0	12,941	0		12,941	34.02
34.03	03402	UH NS 3IC	0	0	0		0	34.03
34.04	03403	RH PED IC	0	22,913	0		22,913	34.04
34.05	03404	TRANSPLANT ICU	0	6,737	0		6,737	34.05
34.06	03407	PEDS CANCER CARE	0	4,686	0		4,686	34.06
40.00	04000	SUBPROVIDER - IPF	0	17,411	0	0	17,411	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	29,757	0		29,757	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
45.01	04510	ICF/MR	0	0	0		0	45.01
200.00		Total (lines 30-199)	0	887,169	0		887,169	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	273,752	2.46	76,232	187,531		30.00
31.00	03100	INTENSIVE CARE UNIT	20,129	2.67	6,754	18,033		31.00
32.00	03200	CORONARY CARE UNIT	14,220	2.67	5,772	15,411		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,176	2.67	0	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,137	2.67	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.01
34.02	03401	UH SURG 6IC	4,852	2.67	2,119	5,658		34.02
34.03	03402	UH NS 3IC	0	0.00	0	0		34.03
34.04	03403	RH PED IC	8,591	2.67	14	37		34.04
34.05	03404	TRANSPLANT ICU	2,526	2.67	816	2,179		34.05
34.06	03407	PEDS CANCER CARE	1,757	2.67	43	115		34.06
40.00	04000	SUBPROVIDER - IPF	6,528	2.67	1,532	4,090		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	11,157	2.67	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
45.01	04510	ICF/MR	0	0.00	0	0		45.01
200.00		Total (lines 30-199)	353,825		93,282	233,054		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Title XVIII Non Physician Anesthetist Cost	Title XVIII Nursing School	Title XVIII Allied Health	Hospital All Other Medical Education Cost	PPS 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	421,595	0	421,595	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	784	0	784	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,458	0	10,458	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,408,624	0	1,408,624	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	730,781	0	730,781	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	371,805	0	371,805	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,378,090	0	2,378,090	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	397	0	397	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	35	0	35	76.03
76.04	03024	DAY SURGERY	0	0	2,635	0	2,635	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 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	
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
91.00	09100	EMERGENCY	0	0	479,529	0	479,529	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	46,522	0	46,522	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	5,851,255	0	5,851,255	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 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	421,595	677,399,161	0.000622	0.000622	127,200,679	50.00
50.01	05001	ENDOSCOPY	0	25,053,228	0.000000	0.000000	6,890,523	50.01
51.00	05100	RECOVERY ROOM	784	73,921,111	0.000011	0.000011	10,104,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,458	58,007,181	0.000180	0.000180	653,376	52.00
53.00	05300	ANESTHESIOLOGY	0	43,834,227	0.000000	0.000000	8,234,117	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	30,438,390	0.000000	0.000000	477,137	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,408,624	575,806,314	0.002446	0.002446	66,247,683	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	93,025,278	0.000000	0.000000	1,197,533	55.00
56.00	05600	RADIOISOTOPE	0	30,150,311	0.000000	0.000000	3,268,973	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,810,251	0.000000	0.000000	6,967,886	59.00
60.00	06000	LABORATORY	730,781	658,604,578	0.001110	0.001110	112,767,911	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	10,991,951	0.000000	0.000000	525,450	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	15,806,405	0.000000	0.000000	1,351,842	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	74,599,932	0.000000	0.000000	16,728,594	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	371,805	128,729,092	0.002888	0.002888	32,147,550	65.00
66.00	06600	PHYSICAL THERAPY	0	79,138,764	0.000000	0.000000	17,078,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,850,511	0.000000	0.000000	2,716,127	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,957,682	0.000000	0.000000	1,609,833	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,550,329	0.000000	0.000000	19,753,119	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,451,982	0.000000	0.000000	7,134,739	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	127,620,689	0.000000	0.000000	26,549,173	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	388,231,072	0.000000	0.000000	86,203,810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,378,090	867,065,540	0.002743	0.002743	134,193,924	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0.000000	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0.000000	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	60,922,783	0.000000	0.000000	0	73.03
74.00	07400	RENAL DIALYSIS	397	38,881,481	0.000010	0.000010	7,958,878	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0.000000	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,707,623	0.000000	0.000000	0	76.00
76.01	03021	CARDIOLOGY	0	82,907,433	0.000000	0.000000	5,839,231	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	2,168,560	0.000000	0.000000	13,314	76.02
76.03	03023	CARDIAC CATHERIZATION	35	110,317,803	0.000000	0.000000	15,467,131	76.03
76.04	03024	DAY SURGERY	2,635	7,419,725	0.000355	0.000355	292,959	76.04
76.05	03025	ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03028	ECMO-ADULT	0	140,942	0.000000	0.000000	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,093,026	0.000000	0.000000	56,275	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	3,465,643	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	9,653,063	0.000000	0.000000	8,350	90.01
90.02	09002	IUSCC HEM/ONC	0	77,279,340	0.000000	0.000000	316,711	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	3,168,131	0.000000	0.000000	5,530	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,779,231	0.000000	0.000000	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	19,204,896	0.000000	0.000000	3,446,043	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	9,950,487	0.000000	0.000000	3,384	90.07
90.08	09008	MOTILITY LAB	0	871,228	0.000000	0.000000	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	89,779	0.000000	0.000000	106	90.10
90.11	09023	SLEEP LAB	0	15,539,173	0.000000	0.000000	0	90.11
90.12	09024	OP CARE ADULTS	0	325,835	0.000000	0.000000	924	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	4,329,127	0.000000	0.000000	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	1,218,341	0.000000	0.000000	2,404	90.17
90.18	09016	DERMATOLOGY CLINIC	0	2,356,762	0.000000	0.000000	2,140	90.18
90.19	09017	INFUSION/HEM/ONC	0	4,853,912	0.000000	0.000000	5,190	90.19
90.20	09025	IUMG - MH	0	456,671	0.000000	0.000000	6,942	90.20
90.21	09019	OP REHAB CLINIC	0	179,869	0.000000	0.000000	0	90.21

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 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	
90.22	09020	EATING DISORDERS CLINIC	0	2,118,736	0.000000	0.000000	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	682,288	0.000000	0.000000	3,022	90.23
91.00	09100	EMERGENCY	479,529	338,578,034	0.001416	0.001416	29,913,651	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	46,522	37,132,228	0.001253	0.001253	678,105	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	13,077,463	0.000000	0.000000	530	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	5,851,255	4,980,913,592			754,023,551	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 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)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	79,119	41,080,809	25,552		50.00
50.01	05001	ENDOSCOPY	0	2,695,492	0		50.01
51.00	05100	RECOVERY ROOM	111	7,176,626	79		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118	128,859	23		52.00
53.00	05300	ANESTHESIOLOGY	0	2,059,870	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	2,863,332	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	162,042	79,718,478	194,991		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26,285,280	0		55.00
56.00	05600	RADIOISOTOPE	0	4,311,423	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,502,308	0		59.00
60.00	06000	LABORATORY	125,172	13,063,777	14,501		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	95,646	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	2,292,231	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,599,088	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	92,842	585,282	1,690		65.00
66.00	06600	PHYSICAL THERAPY	0	176,344	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	893,467	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,090,657	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,668,358	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,706,126	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	38,177,945	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	368,094	128,425,095	352,270		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	80	250,377	3		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	0	6,385,685	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	674,021	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	28,075,367	0		76.03
76.04	03024	DAY SURGERY	104	1,599,174	568		76.04
76.05	03025	ONCOLOGY	0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.08	03028	ECMO-ADULT	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	335,548	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	291,852	0		90.01
90.02	09002	IUSCC HEM/ONC	0	29,814,948	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	1,253,786	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	83,633	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	4,867,726	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	37,977	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	52,218	0		90.10
90.11	09023	SLEEP LAB	0	3,727,256	0		90.11
90.12	09024	OP CARE ADULTS	0	70,538	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	2,068,903	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	349,834	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	643,892	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	1,584,889	0		90.19
90.20	09025	IUMG - MH	0	216,648	0		90.20
90.21	09019	OP REHAB CLINIC	0	1,560	0		90.21

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 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)		
			11.00	12.00	13.00		
90.22	09020	EATING DISORDERS CLINIC	0	20,151	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	234,760	0		90.23
91.00	09100	EMERGENCY	42,358	26,933,562	38,138		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	850	3,187,167	3,994		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Total (lines 50-199)	870,890	497,357,965	631,809		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 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	0.213858	41,080,809	0	0	8,785,460	50.00
50.01	05001	ENDOSCOPY	0.135887	2,695,492	0	0	366,282	50.01
51.00	05100	RECOVERY ROOM	0.174622	7,176,626	0	0	1,253,197	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088	128,859	0	0	36,092	52.00
53.00	05300	ANESTHESIOLOGY	0.144407	2,059,870	0	0	297,460	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045	2,863,332	0	0	535,572	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064	79,718,478	179	0	12,202,029	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923	26,285,280	0	0	3,257,351	55.00
56.00	05600	RADIOISOTOPE	0.198704	4,311,423	0	0	856,697	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418	8,502,308	0	0	1,185,375	59.00
60.00	06000	LABORATORY	0.100445	13,063,777	285,456	0	1,312,191	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622	95,646	0	0	33,249	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188	2,292,231	0	0	472,631	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944	1,599,088	21,147	0	324,525	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278561	585,282	0	0	163,037	65.00
66.00	06600	PHYSICAL THERAPY	0.252761	176,344	0	0	44,573	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.511418	893,467	0	0	456,935	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221	6,090,657	0	0	494,689	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612	1,668,358	0	0	378,070	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956	16,706,126	4,357	0	5,094,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725	38,177,945	0	0	6,746,997	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816	128,425,095	54,023	584,515	37,733,348	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.338438	250,377	0	0	84,737	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.535763	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0.147306	6,385,685	0	0	940,650	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013	674,021	0	0	204,911	76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255	28,075,367	0	0	3,909,635	76.03
76.04	03024	DAY SURGERY	1.171883	1,599,174	0	0	1,874,045	76.04
76.05	03025	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0.282535	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.718585	335,548	0	0	241,120	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.460517	291,852	0	0	134,403	90.01
90.02	09002	IUSCC HEM/ONC	0.691451	29,814,948	0	0	20,615,576	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660	1,253,786	0	0	326,812	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.734201	83,633	0	0	61,403	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.235128	4,867,726	0	0	1,144,539	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508	37,977	0	0	25,160	90.07
90.08	09008	MOTILITY LAB	0.284915	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3.211686	52,218	0	0	167,708	90.10
90.11	09023	SLEEP LAB	0.355934	3,727,256	0	0	1,326,657	90.11
90.12	09024	OP CARE ADULTS	3.061160	70,538	0	0	215,928	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.083998	2,068,903	0	0	173,784	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.693804	349,834	0	0	592,550	90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965	643,892	0	0	386,313	90.18
90.19	09017	INFUSION/HEM/ONC	0.289137	1,584,889	0	0	458,250	90.19

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 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	
90.20	09025	IUMG - MH	1.437939	216,648	0	0	311,527	90.20
90.21	09019	OP REHAB CLINIC	2.103781	1,560	0	0	3,282	90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423	20,151	0	0	14,336	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007	234,760	0	0	430,317	90.23
91.00	09100	EMERGENCY	0.120579	26,933,562	0	0	3,247,622	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843	3,187,167	0	0	1,634,516	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.235591		0			94.00
95.00	09500	AMBULANCE SERVICES	0.400394		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		497,357,965	365,162	584,515	120,556,174	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		497,357,965	365,162	584,515	120,556,174	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 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
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	27	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	28,673	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,292	0		63.00
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	1,329	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,873	171,740		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03021	CARDIOLOGY	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0		76.03
76.04	03024	DAY SURGERY	0	0		76.04
76.05	03025	ONCOLOGY	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.08	03028	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0		90.19

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 6/1/2014 7:02 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		
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	50,194	171,740		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	50,194	171,740		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part II
Date/Time Prepared: 6/1/2014 7:02 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	14,990,740	677,399,161	0.022130	0	0	50.00
50.01	05001	ENDOSCOPY	428,112	25,053,228	0.017088	4,980	85	50.01
51.00	05100	RECOVERY ROOM	728,413	73,921,111	0.009854	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,019,665	58,007,181	0.017578	0	0	52.00
53.00	05300	ANESTHESIOLOGY	858,816	43,834,227	0.019592	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	453,790	30,438,390	0.014908	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,013,577	575,806,314	0.026074	108,652	2,833	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,896,926	93,025,278	0.020392	0	0	55.00
56.00	05600	RADIOISOTOPE	487,259	30,150,311	0.016161	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	154,233	40,810,251	0.003779	0	0	59.00
60.00	06000	LABORATORY	3,709,211	658,604,578	0.005632	401,334	2,260	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	78,539	10,991,951	0.007145	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	345,290	15,806,405	0.021845	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	287,366	74,599,932	0.003852	121	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,421,292	128,729,092	0.011041	31,246	345	65.00
66.00	06600	PHYSICAL THERAPY	713,747	79,138,764	0.009019	52,842	477	66.00
67.00	06700	OCCUPATIONAL THERAPY	150,671	14,850,511	0.010146	7,372	75	67.00
68.00	06800	SPEECH PATHOLOGY	554,904	15,957,682	0.034773	2,281	79	68.00
69.00	06900	ELECTROCARDIOLOGY	425,447	60,550,329	0.007026	42,082	296	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	838,338	37,451,982	0.022384	36,994	828	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,003	127,620,689	0.001003	11,878	12	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	175,452	388,231,072	0.000452	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,482,862	867,065,540	0.004017	497,224	1,997	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	353,166	60,922,783	0.005797	0	0	73.03
74.00	07400	RENAL DIALYSIS	695,901	38,881,481	0.017898	12,885	231	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	38,779	1,707,623	0.022709	0	0	76.00
76.01	03021	CARDIOLOGY	1,487,786	82,907,433	0.017945	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	35,509	2,168,560	0.016374	219,681	3,597	76.02
76.03	03023	CARDIAC CATHERIZATION	916,664	110,317,803	0.008309	0	0	76.03
76.04	03024	DAY SURGERY	331,705	7,419,725	0.044706	0	0	76.04
76.05	03025	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03028	ECMO-ADULT	102	140,942	0.000724	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	15,554	1,093,026	0.014230	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	13,928	3,465,643	0.004019	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	299,298	9,653,063	0.031005	0	0	90.01
90.02	09002	IUSCC HEM/ONC	5,701,813	77,279,340	0.073782	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	304,984	3,168,131	0.096266	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	335,509	2,779,231	0.120720	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	2	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	324,254	19,204,896	0.016884	7,373	124	90.06
90.07	09007	AMB SVC-RILEY CLINICS	691,370	9,950,487	0.069481	0	0	90.07
90.08	09008	MOTILITY LAB	37,623	871,228	0.043184	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	49,003	89,779	0.545818	0	0	90.10
90.11	09023	SLEEP LAB	226,492	15,539,173	0.014576	0	0	90.11
90.12	09024	OP CARE ADULTS	102,629	325,835	0.314972	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	5,155	4,329,127	0.001191	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	148,091	1,218,341	0.121551	46	6	90.17
90.18	09016	DERMATOLOGY CLINIC	144,023	2,356,762	0.061111	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	11,727	4,853,912	0.002416	0	0	90.19
90.20	09025	IUMG - MH	4,729	456,671	0.010355	0	0	90.20

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part II
Date/Time Prepared:
6/1/2014 7:02 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	
90.21	09019	OP REHAB CLINIC	23,398	179,869	0.130084	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	33,699	2,118,736	0.015905	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	108,270	682,288	0.158687	0	0	90.23
91.00	09100	EMERGENCY	1,653,835	338,578,034	0.004885	184,477	901	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,132,228	0.000000	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	215,156	13,077,463	0.016452	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	62,652,807	4,980,913,592		1,621,468	14,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV
Date/Time Prepared: 6/1/2014 7:02 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	421,595	0	421,595	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	784	0	784	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,458	0	10,458	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,408,624	0	1,408,624	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	730,781	0	730,781	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	371,805	0	371,805	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,378,090	0	2,378,090	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	397	0	397	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	35	0	35	76.03
76.04	03024	DAY SURGERY	0	0	2,635	0	2,635	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 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	
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
91.00	09100	EMERGENCY	0	0	479,529	0	479,529	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	5,804,733	0	5,804,733	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV
Date/Time Prepared: 6/1/2014 7:02 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	421,595	677,399,161	0.000622	0.000622	0	50.00
50.01	05001	ENDOSCOPY	0	25,053,228	0.000000	0.000000	4,980	50.01
51.00	05100	RECOVERY ROOM	784	73,921,111	0.000011	0.000011	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,458	58,007,181	0.000180	0.000180	0	52.00
53.00	05300	ANESTHESIOLOGY	0	43,834,227	0.000000	0.000000	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	30,438,390	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,408,624	575,806,314	0.002446	0.002446	108,652	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	93,025,278	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	30,150,311	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,810,251	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	730,781	658,604,578	0.001110	0.001110	401,334	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	10,991,951	0.000000	0.000000	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	15,806,405	0.000000	0.000000	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	74,599,932	0.000000	0.000000	121	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	371,805	128,729,092	0.002888	0.002888	31,246	65.00
66.00	06600	PHYSICAL THERAPY	0	79,138,764	0.000000	0.000000	52,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,850,511	0.000000	0.000000	7,372	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,957,682	0.000000	0.000000	2,281	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,550,329	0.000000	0.000000	42,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,451,982	0.000000	0.000000	36,994	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	127,620,689	0.000000	0.000000	11,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	388,231,072	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,378,090	867,065,540	0.002743	0.002743	497,224	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0.000000	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0.000000	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	60,922,783	0.000000	0.000000	0	73.03
74.00	07400	RENAL DIALYSIS	397	38,881,481	0.000010	0.000010	12,885	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0.000000	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,707,623	0.000000	0.000000	0	76.00
76.01	03021	CARDIOLOGY	0	82,907,433	0.000000	0.000000	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	2,168,560	0.000000	0.000000	219,681	76.02
76.03	03023	CARDIAC CATHERIZATION	35	110,317,803	0.000000	0.000000	0	76.03
76.04	03024	DAY SURGERY	2,635	7,419,725	0.000355	0.000355	0	76.04
76.05	03025	ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03028	ECMO-ADULT	0	140,942	0.000000	0.000000	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,093,026	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	3,465,643	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	9,653,063	0.000000	0.000000	0	90.01
90.02	09002	IUSCC HEM/ONC	0	77,279,340	0.000000	0.000000	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	3,168,131	0.000000	0.000000	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,779,231	0.000000	0.000000	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	19,204,896	0.000000	0.000000	7,373	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	9,950,487	0.000000	0.000000	0	90.07
90.08	09008	MOTILITY LAB	0	871,228	0.000000	0.000000	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	89,779	0.000000	0.000000	0	90.10
90.11	09023	SLEEP LAB	0	15,539,173	0.000000	0.000000	0	90.11
90.12	09024	OP CARE ADULTS	0	325,835	0.000000	0.000000	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	4,329,127	0.000000	0.000000	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	1,218,341	0.000000	0.000000	46	90.17
90.18	09016	DERMATOLOGY CLINIC	0	2,356,762	0.000000	0.000000	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	4,853,912	0.000000	0.000000	0	90.19
90.20	09025	IUMG - MH	0	456,671	0.000000	0.000000	0	90.20

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 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	
90.21	09019	OP REHAB CLINIC	0	179,869	0.000000	0.000000	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	2,118,736	0.000000	0.000000	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	682,288	0.000000	0.000000	0	90.23
91.00	09100	EMERGENCY	479,529	338,578,034	0.001416	0.001416	184,477	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,132,228	0.000000	0.000000	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	13,077,463	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	5,804,733	4,980,913,592			1,621,468	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV
Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	266	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	445	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	90	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,364	0	0		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	0	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0		76.03
76.04	03024	DAY SURGERY	0	0	0		76.04
76.05	03025	ONCOLOGY	0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.08	03028	ECMO-ADULT	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025	IUMG - MH	0	0	0		90.20

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
90.21	09019	OP REHAB CLINIC	0	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0		90.23
91.00	09100	EMERGENCY	261	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Total (lines 50-199)	2,426	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part V
Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | 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	0.213858	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.135887	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.174622	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.144407	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.198704	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418	0	0	0	0	59.00
60.00	06000	LABORATORY	0.100445	0	0	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278561	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.252761	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.511418	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816	0	0	440	0	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.338438	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.535763	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0.147306	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255	0	0	0	0	76.03
76.04	03024	DAY SURGERY	1.171883	0	0	0	0	76.04
76.05	03025	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0.282535	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.718585	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.460517	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.691451	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.734201	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.235128	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.284915	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3.211686	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.355934	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	3.061160	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.083998	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.693804	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965	0	0	0	0	90.18

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part V
Date/Time Prepared:
6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | 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	
90.19	09017	INFUSION/HEM/ONC	0.289137	0	0	0	0	90.19
90.20	09025	IUMG - MH	1.437939	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2.103781	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007	0	0	0	0	90.23
91.00	09100	EMERGENCY	0.120579	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.235591		0			94.00
95.00	09500	AMBULANCE SERVICES	0.400394		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	0	440	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	440	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part V
Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | 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
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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 PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	129		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03021	CARDIOLOGY	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0		76.03
76.04	03024	DAY SURGERY	0	0		76.04
76.05	03025	ONCOLOGY	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.08	03028	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part V
Date/Time Prepared:
6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | 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		
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	0	129		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	129		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	14,083,154	0	14,083,154	273,752	51.44	30.00
31.00	INTENSIVE CARE UNIT	896,449		896,449	20,129	44.54	31.00
32.00	CORONARY CARE UNIT	616,169		616,169	14,220	43.33	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	271,041		271,041	8,176	33.15	32.01
33.00	BURN INTENSIVE CARE UNIT	191,124		191,124	2,137	89.44	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	UH SURG 6IC	190,585		190,585	4,852	39.28	34.02
34.03	UH NS 3IC	0		0	0	0.00	34.03
34.04	RH PED IC	545,810		545,810	8,591	63.53	34.04
34.05	TRANSPLANT ICU	157,178		157,178	2,526	62.22	34.05
34.06	PEDS CANCER CARE	1,023,161		1,023,161	1,757	582.33	34.06
40.00	SUBPROVIDER - IPF	256,085	0	256,085	6,528	39.23	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	241,156		241,156	11,157	21.61	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	18,471,912		18,471,912	353,825		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	36,273	1,865,883	30.00
31.00	INTENSIVE CARE UNIT	2,872	127,919	31.00
32.00	CORONARY CARE UNIT	2,023	87,657	32.00
32.01	NEONATAL INTENSIVE CARE UNIT	1,165	38,620	32.01
33.00	BURN INTENSIVE CARE UNIT	303	27,100	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	SURGICAL INTENSIVE CARE UNIT	0	0	34.01
34.02	UH SURG 6IC	691	27,142	34.02
34.03	UH NS 3IC	0	0	34.03
34.04	RH PED IC	1,224	77,761	34.04
34.05	TRANSPLANT ICU	361	22,461	34.05
34.06	PEDS CANCER CARE	248	144,418	34.06
40.00	SUBPROVIDER - IPF	1,057	41,466	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	3,111	67,229	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
45.01	ICF/MR	0	0	45.01
200.00	Total (lines 30-199)	49,328	2,527,656	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	14,990,740	677,399,161	0.022130	47,721,520	1,056,077	50.00
50.01	05001	ENDOSCOPY	428,112	25,053,228	0.017088	1,986,178	33,940	50.01
51.00	05100	RECOVERY ROOM	728,413	73,921,111	0.009854	3,616,370	35,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,019,665	58,007,181	0.017578	7,252,412	127,483	52.00
53.00	05300	ANESTHESIOLOGY	858,816	43,834,227	0.019592	3,411,007	66,828	53.00
53.01	05301	PULMONARY FUNCTION TESTING	453,790	30,438,390	0.014908	711,163	10,602	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,013,577	575,806,314	0.026074	29,629,118	772,550	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,896,926	93,025,278	0.020392	1,088,026	22,187	55.00
56.00	05600	RADIOISOTOPE	487,259	30,150,311	0.016161	763,781	12,343	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	154,233	40,810,251	0.003779	911,652	3,445	59.00
60.00	06000	LABORATORY	3,709,211	658,604,578	0.005632	51,412,580	289,556	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	78,539	10,991,951	0.007145	195,875	1,400	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	345,290	15,806,405	0.021845	1,116,622	24,393	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	287,366	74,599,932	0.003852	11,009,626	42,409	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,421,292	128,729,092	0.011041	23,212,199	256,286	65.00
66.00	06600	PHYSICAL THERAPY	713,747	79,138,764	0.009019	6,282,253	56,660	66.00
67.00	06700	OCCUPATIONAL THERAPY	150,671	14,850,511	0.010146	1,712,244	17,372	67.00
68.00	06800	SPEECH PATHOLOGY	554,904	15,957,682	0.034773	920,145	31,996	68.00
69.00	06900	ELECTROCARDIOLOGY	425,447	60,550,329	0.007026	4,676,970	32,860	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	838,338	37,451,982	0.022384	3,892,192	87,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,003	127,620,689	0.001003	8,591,362	8,617	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	175,452	388,231,072	0.000452	28,360,966	12,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,482,862	867,065,540	0.004017	72,076,034	289,529	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	353,166	60,922,783	0.005797	0	0	73.03
74.00	07400	RENAL DIALYSIS	695,901	38,881,481	0.017898	2,287,756	40,946	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	38,779	1,707,623	0.022709	233,426	5,301	76.00
76.01	03021	CARDIOLOGY	1,487,786	82,907,433	0.017945	3,017,513	54,149	76.01
76.02	03022	PSYCH OTHER ANCILLARY	35,509	2,168,560	0.016374	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	916,664	110,317,803	0.008309	3,896,543	32,376	76.03
76.04	03024	DAY SURGERY	331,705	7,419,725	0.044706	90,382	4,041	76.04
76.05	03025	ONCOLOGY	0	0	0.000000	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0	0	76.07
76.08	03028	ECMO-ADULT	102	140,942	0.000724	83,262	60	76.08
76.97	07697	CARDIAC REHABILITATION	15,554	1,093,026	0.014230	11,531	164	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	13,928	3,465,643	0.004019	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	299,298	9,653,063	0.031005	47,311	1,467	90.01
90.02	09002	IUSCC HEM/ONC	5,701,813	77,279,340	0.073782	116,655	8,607	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	304,984	3,168,131	0.096266	201	19	90.03
90.04	09004	AMB SVC-PSYCH ADULT	335,509	2,779,231	0.120720	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	2	0	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	324,254	19,204,896	0.016884	952,906	16,089	90.06
90.07	09007	AMB SVC-RILEY CLINICS	691,370	9,950,487	0.069481	93,495	6,496	90.07
90.08	09008	MOTILITY LAB	37,623	871,228	0.043184	7,809	337	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	49,003	89,779	0.545818	0	0	90.10
90.11	09023	SLEEP LAB	226,492	15,539,173	0.014576	0	0	90.11
90.12	09024	OP CARE ADULTS	102,629	325,835	0.314972	1,342	423	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	5,155	4,329,127	0.001191	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	148,091	1,218,341	0.121551	432	53	90.17
90.18	09016	DERMATOLOGY CLINIC	144,023	2,356,762	0.061111	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	11,727	4,853,912	0.002416	2,573	6	90.19
90.20	09025	IUMG - MH	4,729	456,671	0.010355	1,200	12	90.20
90.21	09019	OP REHAB CLINIC	23,398	179,869	0.130084	1,435	187	90.21

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part II Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX 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	
90.22	09020	EATING DISORDERS CLINIC	33,699	2,118,736	0.015905	4,797	76	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	108,270	682,288	0.158687	1,138	181	90.23
91.00	09100	EMERGENCY	1,653,835	338,578,034	0.004885	12,671,348	61,900	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	972,564	37,132,228	0.026192	736,569	19,292	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	215,156	13,077,463	0.016452	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	63,625,371	4,980,913,592		334,809,919	3,544,293	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 6/1/2014 7:02 pm

		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)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	673,604	0	0	673,604	30.00
31.00	03100	INTENSIVE CARE UNIT	0	53,687	0		53,687	31.00
32.00	03200	CORONARY CARE UNIT	0	37,927	0		37,927	32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	0	21,806	0		21,806	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,700	0		5,700	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.01
34.02	03401	UH SURG 6IC	0	12,941	0		12,941	34.02
34.03	03402	UH NS 3IC	0	0	0		0	34.03
34.04	03403	RH PED IC	0	22,913	0		22,913	34.04
34.05	03404	TRANSPLANT ICU	0	6,737	0		6,737	34.05
34.06	03407	PEDS CANCER CARE	0	4,686	0		4,686	34.06
40.00	04000	SUBPROVIDER - IPF	0	17,411	0	0	17,411	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	29,757	0		29,757	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
45.01	04510	ICF/MR	0	0	0		0	45.01
200.00		Total (lines 30-199)	0	887,169	0		887,169	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	273,752	2.46	36,273	89,232		30.00
31.00	03100	INTENSIVE CARE UNIT	20,129	2.67	2,872	7,668		31.00
32.00	03200	CORONARY CARE UNIT	14,220	2.67	2,023	5,401		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT	8,176	2.67	1,165	3,111		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,137	2.67	303	809		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.01
34.02	03401	UH SURG 6IC	4,852	2.67	691	1,845		34.02
34.03	03402	UH NS 3IC	0	0.00	0	0		34.03
34.04	03403	RH PED IC	8,591	2.67	1,224	3,268		34.04
34.05	03404	TRANSPLANT ICU	2,526	2.67	361	964		34.05
34.06	03407	PEDS CANCER CARE	1,757	2.67	248	662		34.06
40.00	04000	SUBPROVIDER - IPF	6,528	2.67	1,057	2,822		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	11,157	2.67	3,111	8,306		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
45.01	04510	ICF/MR	0	0.00	0	0		45.01
200.00		Total (lines 30-199)	353,825		49,328	124,088		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	421,595	0	421,595	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	784	0	784	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,458	0	10,458	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,408,624	0	1,408,624	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
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	730,781	0	730,781	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0	0	0	60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	371,805	0	371,805	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,378,090	0	2,378,090	73.00
73.01	07301	RENAL-RILEY	0	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0	0	397	0	397	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	35	0	35	76.03
76.04	03024	DAY SURGERY	0	0	2,635	0	2,635	76.04
76.05	03025	ONCOLOGY	0	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	0	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0	0	0	90.19
90.20	09025	IUMG - MH	0	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	0	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0	0	0	0	0	90.22

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.23
91.00	09100	EMERGENCY	0	0	479,529	0	479,529	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	5,804,733	0	5,804,733	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	421,595	677,399,161	0.000622	0.000622	47,721,520	50.00
50.01	05001	ENDOSCOPY	0	25,053,228	0.000000	0.000000	1,986,178	50.01
51.00	05100	RECOVERY ROOM	784	73,921,111	0.000011	0.000011	3,616,370	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,458	58,007,181	0.000180	0.000180	7,252,412	52.00
53.00	05300	ANESTHESIOLOGY	0	43,834,227	0.000000	0.000000	3,411,007	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	30,438,390	0.000000	0.000000	711,163	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,408,624	575,806,314	0.002446	0.002446	29,629,118	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	93,025,278	0.000000	0.000000	1,088,026	55.00
56.00	05600	RADIOISOTOPE	0	30,150,311	0.000000	0.000000	763,781	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,810,251	0.000000	0.000000	911,652	59.00
60.00	06000	LABORATORY	730,781	658,604,578	0.001110	0.001110	51,412,580	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	10,991,951	0.000000	0.000000	195,875	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	15,806,405	0.000000	0.000000	1,116,622	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	74,599,932	0.000000	0.000000	11,009,626	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	371,805	128,729,092	0.002888	0.002888	23,212,199	65.00
66.00	06600	PHYSICAL THERAPY	0	79,138,764	0.000000	0.000000	6,282,253	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,850,511	0.000000	0.000000	1,712,244	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,957,682	0.000000	0.000000	920,145	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,550,329	0.000000	0.000000	4,676,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,451,982	0.000000	0.000000	3,892,192	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	127,620,689	0.000000	0.000000	8,591,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	388,231,072	0.000000	0.000000	28,360,966	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,378,090	867,065,540	0.002743	0.002743	72,076,034	73.00
73.01	07301	RENAL-RILEY	0	0	0.000000	0.000000	0	73.01
73.02	07302	RENAL-ADULT	0	0	0.000000	0.000000	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	60,922,783	0.000000	0.000000	0	73.03
74.00	07400	RENAL DIALYSIS	397	38,881,481	0.000010	0.000010	2,287,756	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07501	BMTU OUTPATIENT	0	0	0.000000	0.000000	0	75.04
76.00	03020	RH NBN ECMO IC	0	1,707,623	0.000000	0.000000	233,426	76.00
76.01	03021	CARDIOLOGY	0	82,907,433	0.000000	0.000000	3,017,513	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	2,168,560	0.000000	0.000000	0	76.02
76.03	03023	CARDIAC CATHERIZATION	35	110,317,803	0.000000	0.000000	3,896,543	76.03
76.04	03024	DAY SURGERY	2,635	7,419,725	0.000355	0.000355	90,382	76.04
76.05	03025	ONCOLOGY	0	0	0.000000	0.000000	0	76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0.000000	0.000000	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0.000000	0.000000	0	76.07
76.08	03028	ECMO-ADULT	0	140,942	0.000000	0.000000	83,262	76.08
76.97	07697	CARDIAC REHABILITATION	0	1,093,026	0.000000	0.000000	11,531	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	3,465,643	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	AMB SVC-OB & GYN	0	9,653,063	0.000000	0.000000	47,311	90.01
90.02	09002	IUSCC HEM/ONC	0	77,279,340	0.000000	0.000000	116,655	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	3,168,131	0.000000	0.000000	201	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	2,779,231	0.000000	0.000000	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0.000000	0.000000	0	90.05
90.06	09006	OUTPATIENT SURGERY	0	19,204,896	0.000000	0.000000	952,906	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	9,950,487	0.000000	0.000000	93,495	90.07
90.08	09008	MOTILITY LAB	0	871,228	0.000000	0.000000	7,809	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0.000000	0.000000	0	90.09
90.10	09010	CLINICAL GERIATRICS	0	89,779	0.000000	0.000000	0	90.10
90.11	09023	SLEEP LAB	0	15,539,173	0.000000	0.000000	0	90.11
90.12	09024	OP CARE ADULTS	0	325,835	0.000000	0.000000	1,342	90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0.000000	0.000000	0	90.13
90.14	09012	ARTHRITIS CLINIC	0	4,329,127	0.000000	0.000000	0	90.14
90.15	09013	NEUROLOGY UH	0	0	0.000000	0.000000	0	90.15
90.16	09014	ORTHOPEDICS UH	0	0	0.000000	0.000000	0	90.16
90.17	09015	PHYSICAL MEDICINE	0	1,218,341	0.000000	0.000000	432	90.17
90.18	09016	DERMATOLOGY CLINIC	0	2,356,762	0.000000	0.000000	0	90.18
90.19	09017	INFUSION/HEM/ONC	0	4,853,912	0.000000	0.000000	2,573	90.19
90.20	09025	IUMG - MH	0	456,671	0.000000	0.000000	1,200	90.20
90.21	09019	OP REHAB CLINIC	0	179,869	0.000000	0.000000	1,435	90.21

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	
90.22	09020	EATING DISORDERS CLINIC	0	2,118,736	0.000000	0.000000	4,797	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	682,288	0.000000	0.000000	1,138	90.23
91.00	09100	EMERGENCY	479,529	338,578,034	0.001416	0.001416	12,671,348	91.00
91.01	09101	EMERGENCY-RILEY	0	0	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,132,228	0.000000	0.000000	736,569	92.00
93.00	04040	FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	13,077,463	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	5,804,733	4,980,913,592			334,809,919	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	29,683	0	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
51.00	05100	RECOVERY ROOM	40	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,305	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,473	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	57,068	0	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	67,037	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,705	0	0		73.00
73.01	07301	RENAL-RILEY	0	0	0		73.01
73.02	07302	RENAL-ADULT	0	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0	0		73.03
74.00	07400	RENAL DIALYSIS	23	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0	0		76.00
76.01	03021	CARDIOLOGY	0	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0	0		76.03
76.04	03024	DAY SURGERY	32	0	0		76.04
76.05	03025	ONCOLOGY	0	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0	0		76.07
76.08	03028	ECMO-ADULT	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	0	0	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0	0		90.07
90.08	09008	MOTILITY LAB	0	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0	0		90.10
90.11	09023	SLEEP LAB	0	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0	0		90.18
90.19	09017	INFUSION/HEM/ONC	0	0	0		90.19
90.20	09025	IUMG - MH	0	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0	0		90.21

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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)		
			11.00	12.00	13.00		
90.22	09020	EATING DISORDERS CLINIC	0	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0	0		90.23
91.00	09100	EMERGENCY	17,943	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00		Total (lines 50-199)	443,309	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	0.213858	0	18,026,513	0	0	50.00
50.01	05001	ENDOSCOPY	0.135887	0	800,169	0	0	50.01
51.00	05100	RECOVERY ROOM	0.174622	0	3,287,754	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088	0	555,869	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.144407	0	1,172,799	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045	0	2,831,471	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064	0	32,434,285	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923	0	15,333,274	0	0	55.00
56.00	05600	RADIOISOTOPE	0.198704	0	1,317,859	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418	0	912,446	0	0	59.00
60.00	06000	LABORATORY	0.100445	0	23,082,292	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622	0	335,303	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188	0	1,563,893	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944	0	1,625,407	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278561	0	471,318	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.252761	0	3,296,624	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510	0	743,409	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.511418	0	1,327,213	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221	0	1,945,702	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612	0	1,848,219	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956	0	3,994,187	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725	0	10,692,106	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816	0	34,736,390	0	0	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.338438	0	1,819,070	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.535763	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0.147306	0	4,560,780	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013	0	210,943	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255	0	5,635,434	0	0	76.03
76.04	03024	DAY SURGERY	1.171883	0	562,999	0	0	76.04
76.05	03025	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0.282535	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.718585	0	32,260	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.618083				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.460517	0	563,919	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.691451	0	5,870,697	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660	0	242,870	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.734201	0	99,844	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.235128	0	793,562	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508	0	1,602,595	0	0	90.07
90.08	09008	MOTILITY LAB	0.284915	0	71,672	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3.211686	0	473	0	0	90.10
90.11	09023	SLEEP LAB	0.355934	0	1,325,107	0	0	90.11
90.12	09024	OP CARE ADULTS	3.061160	0	77,516	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.083998	0	68,592	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	3,866	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.693804	0	84,950	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965	0	120,418	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.289137	0	160,434	0	0	90.19

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	
90.20	09025	IUMG - MH	1.437939	0	36,147	0	0	90.20
90.21	09019	OP REHAB CLINIC	2.103781	0	50,742	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423	0	48,664	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007	0	94,796	0	0	90.23
91.00	09100	EMERGENCY	0.120579	0	28,263,650	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843	0	4,686,164	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.235591		472,662			94.00
95.00	09500	AMBULANCE SERVICES	0.400394	0	7,934,913			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	227,830,241	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	227,830,241	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	3,855,114	0		50.00
50.01	05001	ENDOSCOPY	108,733	0		50.01
51.00	05100	RECOVERY ROOM	574,114	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	155,692	0		52.00
53.00	05300	ANESTHESIOLOGY	169,360	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	529,612	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,964,521	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,900,145	0		55.00
56.00	05600	RADIOISOTOPE	261,864	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	127,211	0		59.00
60.00	06000	LABORATORY	2,318,501	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	116,559	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	322,456	0		60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	329,867	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	131,291	0		65.00
66.00	06600	PHYSICAL THERAPY	833,258	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	205,560	0		67.00
68.00	06800	SPEECH PATHOLOGY	678,761	0		68.00
69.00	06900	ELECTROCARDIOLOGY	158,032	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	418,829	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,218,051	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,889,562	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,206,107	0		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	615,642	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03021	CARDIOLOGY	671,830	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	64,129	0		76.02
76.03	03023	CARDIAC CATHERIZATION	784,762	0		76.03
76.04	03024	DAY SURGERY	659,769	0		76.04
76.05	03025	ONCOLOGY	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.08	03028	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	23,182	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	259,694	0		90.01
90.02	09002	IUSCC HEM/ONC	4,059,299	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	63,306	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	73,306	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	186,589	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	1,061,732	0		90.07
90.08	09008	MOTILITY LAB	20,420	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	1,519	0		90.10
90.11	09023	SLEEP LAB	471,651	0		90.11
90.12	09024	OP CARE ADULTS	237,289	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	5,762	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	143,889	0		90.17
90.18	09016	DERMATOLOGY CLINIC	72,247	0		90.18
90.19	09017	INFUSION/HEM/ONC	46,387	0		90.19

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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		
90.20	09025	IUMG - MH	51,977	0		90.20
90.21	09019	OP REHAB CLINIC	106,750	0		90.21
90.22	09020	EATING DISORDERS CLINIC	34,621	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	173,762	0		90.23
91.00	09100	EMERGENCY	3,408,003	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,403,266	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	111,355	0		94.00
95.00	09500	AMBULANCE SERVICES	3,177,092			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	50,462,430	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	50,462,430	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056
Title XIX

Period: From 01/01/2013 To 12/31/2013
Subprovider - IPF

Worksheet D Part V
Date/Time Prepared: 6/1/2014 7:02 pm

		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	0.213858	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.135887	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.174622	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.144407	0	0	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.198704	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418	0	0	0	0	59.00
60.00	06000	LABORATORY	0.100445	0	721	0	0	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622	0	0	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278561	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.252761	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.511418	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816	0	136	0	0	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937	0	0	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.338438	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.535763	0	0	0	0	76.00
76.01	03021	CARDIOLOGY	0.147306	0	0	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013	0	0	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255	0	0	0	0	76.03
76.04	03024	DAY SURGERY	1.171883	0	0	0	0	76.04
76.05	03025	ONCOLOGY	0.000000	0	0	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	0	0	76.07
76.08	03028	ECMO-ADULT	0.282535	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.718585	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.618083				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.460517	0	0	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.691451	0	0	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660	0	0	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.734201	0	44,283	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.235128	0	0	0	0	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508	0	0	0	0	90.07
90.08	09008	MOTILITY LAB	0.284915	0	0	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3.211686	0	0	0	0	90.10
90.11	09023	SLEEP LAB	0.355934	0	0	0	0	90.11
90.12	09024	OP CARE ADULTS	3.061160	0	0	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.083998	0	0	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.693804	0	0	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965	0	0	0	0	90.18

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part V
Date/Time Prepared:
6/1/2014 7:02 pm

Title XIX

Subprovider - IPF

		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	
90.19	09017	INFUSION/HEM/ONC	0.289137	0	0	0	0	90.19
90.20	09025	IUMG - MH	1.437939	0	0	0	0	90.20
90.21	09019	OP REHAB CLINIC	2.103781	0	0	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423	0	0	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007	0	0	0	0	90.23
91.00	09100	EMERGENCY	0.120579	0	0	0	0	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843	0	0	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.235591		0			94.00
95.00	09500	AMBULANCE SERVICES	0.400394		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	45,140	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	45,140	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part V
Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX

Subprovider - IPF

		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
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	05301	PULMONARY FUNCTION TESTING	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	72	0		60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0	0		60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0	0		60.02
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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 PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40	0		73.00
73.01	07301	RENAL-RILEY	0	0		73.01
73.02	07302	RENAL-ADULT	0	0		73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0	0		73.03
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.04	07501	BMTU OUTPATIENT	0	0		75.04
76.00	03020	RH NBN ECMO IC	0	0		76.00
76.01	03021	CARDIOLOGY	0	0		76.01
76.02	03022	PSYCH OTHER ANCILLARY	0	0		76.02
76.03	03023	CARDIAC CATHERIZATION	0	0		76.03
76.04	03024	DAY SURGERY	0	0		76.04
76.05	03025	ONCOLOGY	0	0		76.05
76.06	03026	DAY SURGERY-RILEY	0	0		76.06
76.07	03027	CARDIOLOGY-RILEY	0	0		76.07
76.08	03028	ECMO-ADULT	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	AMB SVC-OB & GYN	0	0		90.01
90.02	09002	IUSCC HEM/ONC	0	0		90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0	0		90.03
90.04	09004	AMB SVC-PSYCH ADULT	32,513	0		90.04
90.05	09005	AMB SVC-DIABETES ADULT	0	0		90.05
90.06	09006	OUTPATIENT SURGERY	0	0		90.06
90.07	09007	AMB SVC-RILEY CLINICS	0	0		90.07
90.08	09008	MOTILITY LAB	0	0		90.08
90.09	09009	AMB SVC - PSYCH CHILD	0	0		90.09
90.10	09010	CLINICAL GERIATRICS	0	0		90.10
90.11	09023	SLEEP LAB	0	0		90.11
90.12	09024	OP CARE ADULTS	0	0		90.12
90.13	09011	PEDIATRIC CLINIC	0	0		90.13
90.14	09012	ARTHRITIS CLINIC	0	0		90.14
90.15	09013	NEUROLOGY UH	0	0		90.15
90.16	09014	ORTHOPEDICS UH	0	0		90.16
90.17	09015	PHYSICAL MEDICINE	0	0		90.17
90.18	09016	DERMATOLOGY CLINIC	0	0		90.18

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 6/1/2014 7:02 pm
	Title XIX	Subprovider - IPF	

		Cost Center Description	Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.19	09017	INFUSION/HEM/ONC	0	0		90.19
90.20	09025	IUMG - MH	0	0		90.20
90.21	09019	OP REHAB CLINIC	0	0		90.21
90.22	09020	EATING DISORDERS CLINIC	0	0		90.22
90.23	09018	GASTROENTEROLOGY CLINIC	0	0		90.23
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	EMERGENCY-RILEY	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	FAMILY PRACTICE	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	32,625	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	32,625	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2014 7:02 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)	273,752	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	273,752	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	254,847	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)	76,232	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	275,751,043	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)	275,751,043	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	275,751,043	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)	1,007.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	76,788,494	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)	76,788,494	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	28,967,627	20,129	1,439.10	6,754	9,719,681	43.00
44.00	CORONARY CARE UNIT	21,895,664	14,220	1,539.78	5,772	8,887,610	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	8,256,575	8,176	1,009.86	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	3,250,848	2,137	1,521.22	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	UH SURG 6IC	7,618,000	4,852	1,570.07	2,119	3,326,978	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	15,658,649	8,591	1,822.68	14	25,518	46.04
46.05	TRANSPLANT ICU	4,210,040	2,526	1,666.68	816	1,360,011	46.05
46.06	PEDS CANCER CARE	4,623,346	1,757	2,631.39	43	113,150	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	150,396,803	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	250,618,245	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)	4,861,197	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	8,780,156	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	13,641,353	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	236,976,892	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	18,905	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,007.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	19,043,007	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	14,083,154	275,751,043	0.051072	19,043,007	972,564	90.00
91.00	Nursing School cost	0	275,751,043	0.000000	19,043,007	0	91.00
92.00	Allied health cost	673,604	275,751,043	0.002443	19,043,007	46,522	92.00
93.00	All other Medical Education	0	275,751,043	0.000000	19,043,007	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,528	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,528	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,528	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,532	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	6,879,898	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	6,879,898	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	6,879,898	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)	1,053.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,614,590	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,614,590	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D-1
Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	UH SURG 6IC	0	0	0.00	0	0	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	0	0	0.00	0	0	46.04
46.05	TRANSPLANT ICU	0	0	0.00	0	0	46.05
46.06	PEDS CANCER CARE	0	0	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	339,628	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,954,218	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)	64,190	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	16,572	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	80,762	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,873,456	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
	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

	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	256,085	6,879,898	0.037222	0	0	90.00
91.00	Nursing School cost	0	6,879,898	0.000000	0	0	91.00
92.00	Allied health cost	17,411	6,879,898	0.002531	0	0	92.00
93.00	All other Medical Education	0	6,879,898	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2014 7:02 pm
	Title XIX	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)	273,752	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	273,752	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	254,847	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)	36,273	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	11,157	15.00
16.00	Nursery days (title V or XIX only)	3,111	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)	275,751,043	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)	275,751,043	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	275,751,043	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)	1,007.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	36,537,793	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)	36,537,793	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	7,558,607	11,157	677.48	3,111	2,107,640	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	28,967,627	20,129	1,439.10	2,872	4,133,095	43.00
44.00	CORONARY CARE UNIT	21,895,664	14,220	1,539.78	2,023	3,114,975	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	8,256,575	8,176	1,009.86	1,165	1,176,487	44.01
45.00	BURN INTENSIVE CARE UNIT	3,250,848	2,137	1,521.22	303	460,930	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02	UH SURG 6IC	7,618,000	4,852	1,570.07	691	1,084,918	46.02
46.03	UH NS 3IC	0	0	0.00	0	0	46.03
46.04	RH PED IC	15,658,649	8,591	1,822.68	1,224	2,230,960	46.04
46.05	TRANSPLANT ICU	4,210,040	2,526	1,666.68	361	601,671	46.05
46.06	PEDS CANCER CARE	4,623,346	1,757	2,631.39	248	652,585	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	69,814,942	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	121,915,996	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	2,607,456	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,987,602	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,595,058	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	115,320,938	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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2014 7:02 pm
	Title XIX	Hospital	PPS

	Cost Center Description		
		1.00	
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	18,905	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,007.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	19,043,007	89.00

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	14,083,154	275,751,043	0.051072	19,043,007	972,564	90.00
91.00	Nursing School cost	0	275,751,043	0.000000	19,043,007	0	91.00
92.00	Allied health cost	673,604	275,751,043	0.002443	19,043,007	46,522	92.00
93.00	All other Medical Education	0	275,751,043	0.000000	19,043,007	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 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		168,501,332		30.00
31.00	03100	INTENSIVE CARE UNIT		23,468,201		31.00
32.00	03200	CORONARY CARE UNIT		20,804,155		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		7,414,660		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		63,338		34.04
34.05	03404	TRANSPLANT ICU		2,893,231		34.05
34.06	03407	PEDS CANCER CARE		132,941		34.06
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.213858	127,200,679	27,202,883	50.00
50.01	05001	ENDOSCOPY	0.135887	6,890,523	936,332	50.01
51.00	05100	RECOVERY ROOM	0.174622	10,104,062	1,764,392	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088	653,376	183,003	52.00
53.00	05300	ANESTHESIOLOGY	0.144407	8,234,117	1,189,064	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045	477,137	89,246	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064	66,247,683	10,140,135	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923	1,197,533	148,402	55.00
56.00	05600	RADIOISOTOPE	0.198704	3,268,973	649,558	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418	6,967,886	971,449	59.00
60.00	06000	LABORATORY	0.100445	112,767,911	11,326,973	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622	525,450	182,658	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188	1,351,842	278,734	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944	16,728,594	3,394,968	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278561	32,147,550	8,955,054	65.00
66.00	06600	PHYSICAL THERAPY	0.252761	17,078,690	4,316,827	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510	2,716,127	751,036	67.00
68.00	06800	SPEECH PATHOLOGY	0.511418	1,609,833	823,298	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221	19,753,119	1,604,368	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612	7,134,739	1,616,817	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956	26,549,173	8,096,330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725	86,203,810	15,234,368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816	134,193,924	39,428,322	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.338438	7,958,878	2,693,587	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.535763	0	0	76.00
76.01	03021	CARDIOLOGY	0.147306	5,839,231	860,154	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013	13,314	4,048	76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255	15,467,131	2,153,875	76.03
76.04	03024	DAY SURGERY	1.171883	292,959	343,314	76.04
76.05	03025	ONCOLOGY	0.000000	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03028	ECMO-ADULT	0.282535	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.718585	56,275	40,438	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.460517	8,350	3,845	90.01
90.02	09002	IUSCC HEM/ONC	0.691451	316,711	218,990	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660	5,530	1,441	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.734201	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet D-3

Date/Time Prepared: 6/1/2014 7:02 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	
90.06	09006	OUTPATIENT SURGERY	0.235128	3,446,043	810,261	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508	3,384	2,242	90.07
90.08	09008	MOTILITY LAB	0.284915	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3.211686	106	340	90.10
90.11	09023	SLEEP LAB	0.355934	0	0	90.11
90.12	09024	OP CARE ADULTS	3.061160	924	2,829	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.083998	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.693804	2,404	4,072	90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965	2,140	1,284	90.18
90.19	09017	INFUSION/HEM/ONC	0.289137	5,190	1,501	90.19
90.20	09025	IUMG - MH	1.437939	6,942	9,982	90.20
90.21	09019	OP REHAB CLINIC	2.103781	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007	3,022	5,539	90.23
91.00	09100	EMERGENCY	0.120579	29,913,651	3,606,958	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843	678,105	347,761	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.235591	530	125	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		754,023,551	150,396,803	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)		754,023,551		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D-3
Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		2,836,562		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.213858	0	0	50.00
50.01	05001	ENDOSCOPY	0.135887	4,980	677	50.01
51.00	05100	RECOVERY ROOM	0.174622	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.144407	0	0	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064	108,652	16,631	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923	0	0	55.00
56.00	05600	RADIOISOTOPE	0.198704	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418	0	0	59.00
60.00	06000	LABORATORY	0.100445	401,334	40,312	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944	121	25	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278561	31,246	8,704	65.00
66.00	06600	PHYSICAL THERAPY	0.252761	52,842	13,356	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510	7,372	2,038	67.00
68.00	06800	SPEECH PATHOLOGY	0.511418	2,281	1,167	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221	42,082	3,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612	36,994	8,383	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956	11,878	3,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816	497,224	146,092	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.338438	12,885	4,361	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.535763	0	0	76.00
76.01	03021	CARDIOLOGY	0.147306	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013	219,681	66,786	76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255	0	0	76.03
76.04	03024	DAY SURGERY	1.171883	0	0	76.04
76.05	03025	ONCOLOGY	0.000000	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03028	ECMO-ADULT	0.282535	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.718585	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.460517	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.691451	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.734201	0	0	90.04

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period:
From 01/01/2013
To 12/31/2013

Worksheet D-3
Date/Time Prepared:
6/1/2014 7:02 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.235128	7,373	1,734	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508	0	0	90.07
90.08	09008	MOTILITY LAB	0.284915	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3.211686	0	0	90.10
90.11	09023	SLEEP LAB	0.355934	0	0	90.11
90.12	09024	OP CARE ADULTS	3.061160	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.083998	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.693804	46	78	90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.289137	0	0	90.19
90.20	09025	IUMG - MH	1.437939	0	0	90.20
90.21	09019	OP REHAB CLINIC	2.103781	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007	0	0	90.23
91.00	09100	EMERGENCY	0.120579	184,477	22,244	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER	REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.235591	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		1,621,468	339,628	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,621,468		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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		96,550,165		30.00
31.00	03100	INTENSIVE CARE UNIT		10,054,642		31.00
32.00	03200	CORONARY CARE UNIT		7,711,041		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		4,614,052		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		765,737		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		1,959,229		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		8,660,584		34.04
34.05	03404	TRANSPLANT ICU		798,266		34.05
34.06	03407	PEDS CANCER CARE		1,674,620		34.06
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		2,769,669		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.213858	47,721,520	10,205,629	50.00
50.01	05001	ENDOSCOPY	0.135887	1,986,178	269,896	50.01
51.00	05100	RECOVERY ROOM	0.174622	3,616,370	631,498	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088	7,252,412	2,031,314	52.00
53.00	05300	ANESTHESIOLOGY	0.144407	3,411,007	492,573	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045	711,163	133,019	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064	29,629,118	4,535,151	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923	1,088,026	134,831	55.00
56.00	05600	RADIOISOTOPE	0.198704	763,781	151,766	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418	911,652	127,101	59.00
60.00	06000	LABORATORY	0.100445	51,412,580	5,164,137	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622	195,875	68,090	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188	1,116,622	230,234	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944	11,009,626	2,234,338	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278561	23,212,199	6,466,013	65.00
66.00	06600	PHYSICAL THERAPY	0.252761	6,282,253	1,587,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510	1,712,244	473,453	67.00
68.00	06800	SPEECH PATHOLOGY	0.511418	920,145	470,579	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221	4,676,970	379,868	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612	3,892,192	882,017	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956	8,591,362	2,619,987	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725	28,360,966	5,012,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816	72,076,034	21,177,092	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.338438	2,287,756	774,264	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.535763	233,426	125,061	76.00
76.01	03021	CARDIOLOGY	0.147306	3,017,513	444,498	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013	0	0	76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255	3,896,543	542,613	76.03
76.04	03024	DAY SURGERY	1.171883	90,382	105,917	76.04
76.05	03025	ONCOLOGY	0.000000	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03028	ECMO-ADULT	0.282535	83,262	23,524	76.08
76.97	07697	CARDIAC REHABILITATION	0.718585	11,531	8,286	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.618083	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.460517	47,311	21,788	90.01
90.02	09002	IUSCC HEM/ONC	0.691451	116,655	80,661	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660	201	52	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.734201	0	0	90.04
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX | 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	
90.06	09006	OUTPATIENT SURGERY	0.235128	952,906	224,055	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508	93,495	61,941	90.07
90.08	09008	MOTILITY LAB	0.284915	7,809	2,225	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3.211686	0	0	90.10
90.11	09023	SLEEP LAB	0.355934	0	0	90.11
90.12	09024	OP CARE ADULTS	3.061160	1,342	4,108	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.083998	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.693804	432	732	90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.289137	2,573	744	90.19
90.20	09025	IUMG - MH	1.437939	1,200	1,726	90.20
90.21	09019	OP REHAB CLINIC	2.103781	1,435	3,019	90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423	4,797	3,413	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007	1,138	2,086	90.23
91.00	09100	EMERGENCY	0.120579	12,671,348	1,527,898	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843	736,569	377,744	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.235591	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		334,809,919	69,814,942	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)		334,809,919		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D-3
Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX

Subprovider - IPF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
32.01	03201	NEONATAL INTENSIVE CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03405	SURGICAL INTENSIVE CARE UNIT		0		34.01
34.02	03401	UH SURG 6IC		0		34.02
34.03	03402	UH NS 3IC		0		34.03
34.04	03403	RH PED IC		0		34.04
34.05	03404	TRANSPLANT ICU		0		34.05
34.06	03407	PEDS CANCER CARE		0		34.06
40.00	04000	SUBPROVIDER - IPF		1,976,375		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.213858	7,001	1,497	50.00
50.01	05001	ENDOSCOPY	0.135887	0	0	50.01
51.00	05100	RECOVERY ROOM	0.174622	2,021	353	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280088	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.144407	484	70	53.00
53.01	05301	PULMONARY FUNCTION TESTING	0.187045	58,317	10,908	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153064	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.123923	0	0	55.00
56.00	05600	RADIOISOTOPE	0.198704	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139418	0	0	59.00
60.00	06000	LABORATORY	0.100445	251,066	25,218	60.00
60.01	06001	TRANSPLANT IMMUNOLOGY	0.347622	0	0	60.01
60.02	06002	BONE MARROW TRANSPLANT LAB	0.206188	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.202944	261	53	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.278561	8,715	2,428	65.00
66.00	06600	PHYSICAL THERAPY	0.252761	8,089	2,045	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276510	982	272	67.00
68.00	06800	SPEECH PATHOLOGY	0.511418	1,957	1,001	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081221	30,541	2,481	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.226612	7,735	1,753	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304956	3,862	1,178	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.176725	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.293816	246,471	72,417	73.00
73.01	07301	RENAL-RILEY	0.000000	0	0	73.01
73.02	07302	RENAL-ADULT	0.000000	0	0	73.02
73.03	07303	OUTPATIENT RETAIL PHARMACY	0.205937	0	0	73.03
74.00	07400	RENAL DIALYSIS	0.338438	13,630	4,613	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.04	07501	BMTU OUTPATIENT	0.000000	0	0	75.04
76.00	03020	RH NBN ECMO IC	0.535763	0	0	76.00
76.01	03021	CARDIOLOGY	0.147306	0	0	76.01
76.02	03022	PSYCH OTHER ANCILLARY	0.304013	3,329	1,012	76.02
76.03	03023	CARDIAC CATHERIZATION	0.139255	0	0	76.03
76.04	03024	DAY SURGERY	1.171883	0	0	76.04
76.05	03025	ONCOLOGY	0.000000	0	0	76.05
76.06	03026	DAY SURGERY-RILEY	0.000000	0	0	76.06
76.07	03027	CARDIOLOGY-RILEY	0.000000	0	0	76.07
76.08	03028	ECMO-ADULT	0.282535	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.718585	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	1.618083	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	AMB SVC-OB & GYN	0.460517	0	0	90.01
90.02	09002	IUSCC HEM/ONC	0.691451	0	0	90.02
90.03	09003	AMB SVC-OPTHALMOLOGY	0.260660	0	0	90.03
90.04	09004	AMB SVC-PSYCH ADULT	0.734201	0	0	90.04

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150056
Component CCN: 15S056

Period: From 01/01/2013 To 12/31/2013

Worksheet D-3
Date/Time Prepared: 6/1/2014 7:02 pm

Title XIX

Subprovider - IPF

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.05	09005	AMB SVC-DIABETES ADULT	0.000000	0	0	90.05
90.06	09006	OUTPATIENT SURGERY	0.235128	1,550	364	90.06
90.07	09007	AMB SVC-RILEY CLINICS	0.662508	0	0	90.07
90.08	09008	MOTILITY LAB	0.284915	0	0	90.08
90.09	09009	AMB SVC - PSYCH CHILD	0.000000	0	0	90.09
90.10	09010	CLINICAL GERIATRICS	3.211686	0	0	90.10
90.11	09023	SLEEP LAB	0.355934	0	0	90.11
90.12	09024	OP CARE ADULTS	3.061160	0	0	90.12
90.13	09011	PEDIATRIC CLINIC	0.000000	0	0	90.13
90.14	09012	ARTHRITIS CLINIC	0.083998	0	0	90.14
90.15	09013	NEUROLOGY UH	0.000000	0	0	90.15
90.16	09014	ORTHOPEDICS UH	0.000000	0	0	90.16
90.17	09015	PHYSICAL MEDICINE	1.693804	0	0	90.17
90.18	09016	DERMATOLOGY CLINIC	0.599965	0	0	90.18
90.19	09017	INFUSION/HEM/ONC	0.289137	0	0	90.19
90.20	09025	IUMG - MH	1.437939	0	0	90.20
90.21	09019	OP REHAB CLINIC	2.103781	0	0	90.21
90.22	09020	EATING DISORDERS CLINIC	0.711423	0	0	90.22
90.23	09018	GASTROENTEROLOGY CLINIC	1.833007	0	0	90.23
91.00	09100	EMERGENCY	0.120579	142,940	17,236	91.00
91.01	09101	EMERGENCY-RILEY	0.000000	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.512843	0	0	92.00
93.00	04040	FAMILY PRACTICE	0.000000	0	0	93.00
	OTHER	REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.235591	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		788,951	144,899	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)		788,951		202.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

Kidney | 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	591,609	1,007.30	261	262,905	1.00
2.00	INTENSIVE CARE UNIT	43.00	25,095	1,439.10	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	1,307	1,539.78	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,009.86	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,521.22	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,570.07	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	8,078	1,822.68	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,666.68	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,631.39	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		626,089		261	262,905	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	0.213858	2,913,589	623,094	8.00
8.01	ENDOSCOPY	50.01	0.135887	17,603	2,392	8.01
9.00	RECOVERY ROOM	51.00	0.174622	228,388	39,882	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.280088	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.144407	160,871	23,231	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.187045	46,651	8,726	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.153064	1,086,097	166,242	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123923	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.198704	2,254,890	448,056	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.139418	0	0	17.00
18.00	LABORATORY	60.00	0.100445	2,435,704	244,654	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.347622	5,284,024	1,836,843	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.206188	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.202944	23,232	4,715	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.278561	36,537	10,178	23.00
24.00	PHYSICAL THERAPY	66.00	0.252761	408	103	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.276510	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.511418	528	270	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.081221	851,120	69,129	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.226612	90,397	20,485	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.304956	132,164	40,304	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.176725	41,577	7,348	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.293816	930,654	273,441	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.205937	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.338438	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.535763	0	0	34.00
34.01	CARDIOLOGY	76.01	0.147306	296,164	43,627	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.304013	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.139255	658,884	91,753	34.03
34.04	DAY SURGERY	76.04	1.171883	565	662	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.282535	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.718585	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	3,350	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.460517	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.691451	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.260660	0	0	37.03

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

Kidney Hospital PPS

	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	
37.04	AMB SVC-PSYCH ADULT	90.04	0.734201	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.235128	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.662508	0	0	37.07
37.08	MOTILITY LAB	90.08	0.284915	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	3.211686	0	0	37.10
37.11	SLEEP LAB	90.11	0.355934	0	0	37.11
37.12	OP CARE ADULTS	90.12	3.061160	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.083998	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.693804	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.599965	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.289137	0	0	37.19
37.20	IUMG - MH	90.20	1.437939	0	0	37.20
37.21	OP REHAB CLINIC	90.21	2.103781	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.711423	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.833007	0	0	37.23
38.00	EMERGENCY	91.00	0.120579	15,631	1,885	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.512843	29,140	14,944	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			17,538,168	3,971,964	41.00

	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	261	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			261	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	3,350	0.000000	0	51.00
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	Kidney D	Kidney Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
52.00	EMERGENCY	24.00	15,631	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	29,140	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		48,121		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	4,234,869		18,164,257		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)	13,035,977		33,332,836		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)	17,270,846		51,497,093		61.00
62.00	Total Usable Organs (see instructions)		276			62.00
63.00	Medicare Usable Organs (see instructions)		190			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.688406			64.00
65.00	Medicare Cost/Charges (see instructions)	11,889,354		35,450,908		65.00
66.00	Revenue for Organs Sold	174,585		0		66.00
67.00	Subtotal (line 65 minus line 66)	11,714,769		35,450,908		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,714,769	0	35,450,908	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)	71	54		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	151		73.00
74.00	Total (sum of lines 70 thru 73)	71	205		74.00
75.00	Organs Transplanted	71	151	6,225,964	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	54	174,585	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)	71	205		84.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 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	3,103	1,007.30	7	7,051	1.00
2.00	INTENSIVE CARE UNIT	43.00	13,012	1,439.10	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	678	1,539.78	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,009.86	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,521.22	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,570.07	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	4,188	1,822.68	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,666.68	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,631.39	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		20,981		7	7,051	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	0.213858	163,202	34,902	8.00
8.01	ENDOSCOPY	50.01	0.135887	9,128	1,240	8.01
9.00	RECOVERY ROOM	51.00	0.174622	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.280088	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.144407	5,706	824	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.187045	301	56	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.153064	17,621	2,697	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123923	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.198704	758	151	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.139418	0	0	17.00
18.00	LABORATORY	60.00	0.100445	21,130	2,122	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.347622	532,923	185,256	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.206188	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.202944	6,767	1,373	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.278561	14,042	3,912	23.00
24.00	PHYSICAL THERAPY	66.00	0.252761	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.276510	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.511418	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.081221	8,363	679	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.226612	1,161	263	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.304956	10,417	3,177	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.176725	885	156	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.293816	36,194	10,634	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.205937	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.338438	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.535763	0	0	34.00
34.01	CARDIOLOGY	76.01	0.147306	2,178	321	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.304013	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.139255	12,116	1,687	34.03
34.04	DAY SURGERY	76.04	1.171883	293	343	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.282535	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.718585	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.460517	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.691451	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.260660	0	0	37.03

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

Liver | Hospital | PPS

	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	
37.04	AMB SVC-PSYCH ADULT	90.04	0.734201	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.235128	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.662508	0	0	37.07
37.08	MOTILITY LAB	90.08	0.284915	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	3.211686	0	0	37.10
37.11	SLEEP LAB	90.11	0.355934	0	0	37.11
37.12	OP CARE ADULTS	90.12	3.061160	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.083998	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.693804	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.599965	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.289137	0	0	37.19
37.20	IUMG - MH	90.20	1.437939	0	0	37.20
37.21	OP REHAB CLINIC	90.21	2.103781	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.711423	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.833007	0	0	37.23
38.00	EMERGENCY	91.00	0.120579	4,638	559	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.512843	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			847,823	250,352	41.00

	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	7	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	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
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

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

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	Liver D	Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
52.00	EMERGENCY	24.00	4,638	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		4,638		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	257,403		868,804		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)	7,942,731		21,049,782		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)	8,200,134		21,918,586		61.00
62.00	Total Usable Organs (see instructions)		139			62.00
63.00	Medicare Usable Organs (see instructions)		64			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.460432			64.00
65.00	Medicare Cost/Charges (see instructions)	3,775,604		10,092,018		65.00
66.00	Revenue for Organs Sold	90,526		0		66.00
67.00	Subtotal (line 65 minus line 66)	3,685,078		10,092,018		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,685,078	0	10,092,018	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	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	111		73.00
74.00	Total (sum of lines 70 thru 73)	0	139		74.00
75.00	Organs Transplanted	0	111	4,423,850	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	28	90,526	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	139		84.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 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	1,219	1,007.30	3	3,022	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,112	1,439.10	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	266	1,539.78	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,009.86	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,521.22	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,570.07	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	1,645	1,822.68	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,666.68	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,631.39	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		8,242		3	3,022	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	0.213858	64,115	13,712	8.00
8.01	ENDOSCOPY	50.01	0.135887	3,586	487	8.01
9.00	RECOVERY ROOM	51.00	0.174622	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.280088	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.144407	2,242	324	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.187045	118	22	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.153064	6,922	1,060	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123923	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.198704	298	59	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.139418	0	0	17.00
18.00	LABORATORY	60.00	0.100445	8,301	834	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.347622	456,407	158,657	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.206188	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.202944	2,658	539	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.278561	5,516	1,537	23.00
24.00	PHYSICAL THERAPY	66.00	0.252761	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.276510	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.511418	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.081221	3,286	267	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.226612	456	103	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.304956	4,092	1,248	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.176725	348	62	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.293816	14,219	4,178	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.205937	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.338438	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.535763	0	0	34.00
34.01	CARDIOLOGY	76.01	0.147306	856	126	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.304013	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.139255	4,760	663	34.03
34.04	DAY SURGERY	76.04	1.171883	115	135	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.282535	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.718585	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.460517	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.691451	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.260660	0	0	37.03

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		Heart		Hospital	PPS	
		0	1.00	2.00	3.00	
37.04	AMB SVC-PSYCH ADULT	90.04	0.734201	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.235128	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.662508	0	0	37.07
37.08	MOTILITY LAB	90.08	0.284915	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	3.211686	0	0	37.10
37.11	SLEEP LAB	90.11	0.355934	0	0	37.11
37.12	OP CARE ADULTS	90.12	3.061160	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.083998	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.693804	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.599965	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.289137	0	0	37.19
37.20	IUMG - MH	90.20	1.437939	0	0	37.20
37.21	OP REHAB CLINIC	90.21	2.103781	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.711423	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.833007	0	0	37.23
38.00	EMERGENCY	91.00	0.120579	1,822	220	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.512843	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			580,117	184,233	41.00

	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	3	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			3	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
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	Heart D	Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
52.00	EMERGENCY	24.00	1,822	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		1,822		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	187,255		588,359		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)	2,067,353		5,194,302		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)	2,254,608		5,782,661		61.00
62.00	Total Usable Organs (see instructions)		38			62.00
63.00	Medicare Usable Organs (see instructions)		17			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.447368			64.00
65.00	Medicare Cost/Charges (see instructions)	1,008,639		2,586,977		65.00
66.00	Revenue for Organs Sold	35,564		0		66.00
67.00	Subtotal (line 65 minus line 66)	973,075		2,586,977		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	973,075	0	2,586,977	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	11		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	27		73.00
74.00	Total (sum of lines 70 thru 73)	0	38		74.00
75.00	Organs Transplanted	0	27	1,248,425	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	11	35,564	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	38		84.00

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

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 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)	
			Lung		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	3,657	1,007.30	8	8,058	1.00
2.00	INTENSIVE CARE UNIT	43.00	15,336	1,439.10	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	799	1,539.78	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,009.86	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,521.22	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,570.07	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	4,936	1,822.68	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,666.68	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,631.39	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		24,728		8	8,058	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	0.213858	192,345	41,135	8.00
8.01	ENDOSCOPY	50.01	0.135887	10,757	1,462	8.01
9.00	RECOVERY ROOM	51.00	0.174622	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.280088	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.144407	6,725	971	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.187045	354	66	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.153064	20,767	3,179	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123923	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.198704	893	177	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.139418	0	0	17.00
18.00	LABORATORY	60.00	0.100445	24,904	2,501	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.347622	561,965	195,351	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.206188	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.202944	7,975	1,618	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.278561	16,549	4,610	23.00
24.00	PHYSICAL THERAPY	66.00	0.252761	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.276510	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.511418	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.081221	9,857	801	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.226612	1,368	310	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.304956	12,277	3,744	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.176725	1,043	184	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.293816	42,657	12,533	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.205937	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.338438	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.535763	0	0	34.00
34.01	CARDIOLOGY	76.01	0.147306	2,568	378	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.304013	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.139255	14,280	1,989	34.03
34.04	DAY SURGERY	76.04	1.171883	345	404	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.282535	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.718585	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.460517	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.691451	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.260660	0	0	37.03

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

Lung | Hospital | PPS

	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	
37.04	AMB SVC-PSYCH ADULT	90.04	0.734201	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.235128	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.662508	0	0	37.07
37.08	MOTILITY LAB	90.08	0.284915	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	3.211686	0	0	37.10
37.11	SLEEP LAB	90.11	0.355934	0	0	37.11
37.12	OP CARE ADULTS	90.12	3.061160	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.083998	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.693804	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.599965	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.289137	0	0	37.19
37.20	IUMG - MH	90.20	1.437939	0	0	37.20
37.21	OP REHAB CLINIC	90.21	2.103781	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.711423	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.833007	0	0	37.23
38.00	EMERGENCY	91.00	0.120579	5,466	659	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.512843	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			933,095	272,072	41.00

	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	8	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			8	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
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	Lung D	Lung Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
52.00	EMERGENCY	24.00	5,466	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		5,466		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	280,130		957,823		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,867,632		8,995,990		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)	4,147,762		9,953,813		61.00
62.00	Total Usable Organs (see instructions)		79			62.00
63.00	Medicare Usable Organs (see instructions)		52			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.658228			64.00
65.00	Medicare Cost/Charges (see instructions)	2,730,173		6,551,878		65.00
66.00	Revenue for Organs Sold	106,691		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,623,482		6,551,878		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,623,482	0	6,551,878	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	33		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	46		73.00
74.00	Total (sum of lines 70 thru 73)	0	79		74.00
75.00	Organs Transplanted	0	46	1,514,599	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	33	106,691	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	79		84.00

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

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 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	1,108	1,007.30	2	2,015	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,647	1,439.10	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	242	1,539.78	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,009.86	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,521.22	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,570.07	0	0	5.02
5.03	UH NS 3IC	46.03	1,496	0.00	0	0	5.03
5.04	RH PED IC	46.04	0	1,822.68	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,666.68	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,631.39	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		7,493		2	2,015	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	0.213858	58,287	12,465	8.00
8.01	ENDOSCOPY	50.01	0.135887	3,260	443	8.01
9.00	RECOVERY ROOM	51.00	0.174622	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.280088	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.144407	2,038	294	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.187045	107	20	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.153064	6,630	1,015	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123923	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.198704	5,947	1,182	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.139418	0	0	17.00
18.00	LABORATORY	60.00	0.100445	10,139	1,018	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.347622	408,827	142,117	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.206188	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.202944	2,417	491	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.278561	5,015	1,397	23.00
24.00	PHYSICAL THERAPY	66.00	0.252761	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.276510	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.511418	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.081221	2,987	243	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.226612	415	94	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.304956	3,720	1,134	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.176725	316	56	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.293816	12,926	3,798	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.205937	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.338438	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.535763	0	0	34.00
34.01	CARDIOLOGY	76.01	0.147306	778	115	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.304013	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.139255	4,327	603	34.03
34.04	DAY SURGERY	76.04	1.171883	105	123	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.282535	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.718585	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.460517	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.691451	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.260660	0	0	37.03

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		Pancreas		Hospital	PPS	
		0	1.00	2.00	3.00	
37.04	AMB SVC-PSYCH ADULT	90.04	0.734201	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.235128	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.662508	0	0	37.07
37.08	MOTILITY LAB	90.08	0.284915	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	3.211686	0	0	37.10
37.11	SLEEP LAB	90.11	0.355934	0	0	37.11
37.12	OP CARE ADULTS	90.12	3.061160	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.083998	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.693804	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.599965	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.289137	0	0	37.19
37.20	IUMG - MH	90.20	1.437939	0	0	37.20
37.21	OP REHAB CLINIC	90.21	2.103781	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.711423	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.833007	0	0	37.23
38.00	EMERGENCY	91.00	0.120579	1,656	200	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.512843	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			529,897	166,808	41.00

	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	2	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			2	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
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	Pancreas D	Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
52.00	EMERGENCY	24.00	1,656	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		1,656		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	168,823		537,390		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)	2,877,956		6,590,488		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)	3,046,779		7,127,878		61.00
62.00	Total Usable Organs (see instructions)		51			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)		0.411765			64.00
65.00	Medicare Cost/Charges (see instructions)	1,254,557		2,935,011		65.00
66.00	Revenue for Organs Sold	32,331		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,222,226		2,935,011		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,222,226	0	2,935,011	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	10		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	41		73.00
74.00	Total (sum of lines 70 thru 73)	0	51		74.00
75.00	Organs Transplanted	0	41	10,334,288	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	10	32,331	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	51		84.00

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

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	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	554	1,007.30	1	1,007	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,324	1,439.10	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	121	1,539.78	0	0	3.00
3.01	NEONATAL INTENSIVE CARE UNIT	44.01	0	1,009.86	0	0	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,521.22	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	SURGICAL INTENSIVE CARE UNIT	46.01	0	0.00	0	0	5.01
5.02	UH SURG 6IC	46.02	0	1,570.07	0	0	5.02
5.03	UH NS 3IC	46.03	0	0.00	0	0	5.03
5.04	RH PED IC	46.04	748	1,822.68	0	0	5.04
5.05	TRANSPLANT ICU	46.05	0	1,666.68	0	0	5.05
5.06	PEDS CANCER CARE	46.06	0	2,631.39	0	0	5.06
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		3,747		1	1,007	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	0.213858	29,143	6,232	8.00
8.01	ENDOSCOPY	50.01	0.135887	1,630	221	8.01
9.00	RECOVERY ROOM	51.00	0.174622	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.280088	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.144407	1,019	147	11.00
11.01	PULMONARY FUNCTION TESTING	53.01	0.187045	54	10	11.01
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.153064	3,147	482	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123923	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.198704	135	27	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.139418	0	0	17.00
18.00	LABORATORY	60.00	0.100445	3,773	379	18.00
18.01	TRANSPLANT IMMUNOLOGY	60.01	0.347622	67,869	23,593	18.01
18.02	BONE MARROW TRANSPLANT LAB	60.02	0.206188	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.202944	1,208	245	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.278561	2,507	698	23.00
24.00	PHYSICAL THERAPY	66.00	0.252761	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.276510	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.511418	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.081221	1,493	121	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.226612	207	47	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.304956	1,860	567	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.176725	158	28	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.293816	6,463	1,899	31.00
31.01	RENAL-RILEY	73.01	0.000000	0	0	31.01
31.02	RENAL-ADULT	73.02	0.000000	0	0	31.02
31.03	OUTPATIENT RETAIL PHARMACY	73.03	0.205937	0	0	31.03
32.00	RENAL DIALYSIS	74.00	0.338438	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.04	BMTU OUTPATIENT	75.04	0.000000	0	0	33.04
34.00	RH NBN ECMO IC	76.00	0.535763	0	0	34.00
34.01	CARDIOLOGY	76.01	0.147306	389	57	34.01
34.02	PSYCH OTHER ANCILLARY	76.02	0.304013	0	0	34.02
34.03	CARDIAC CATHERIZATION	76.03	0.139255	2,164	301	34.03
34.04	DAY SURGERY	76.04	1.171883	52	61	34.04
34.05	ONCOLOGY	76.05	0.000000	0	0	34.05
34.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	34.06
34.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	34.07
34.08	ECMO-ADULT	76.08	0.282535	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.718585	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	AMB SVC-OB & GYN	90.01	0.460517	0	0	37.01
37.02	IUSCC HEM/ONC	90.02	0.691451	0	0	37.02
37.03	AMB SVC-OPTHALMOLOGY	90.03	0.260660	0	0	37.03

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

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	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	
37.04	AMB SVC-PSYCH ADULT	90.04	0.734201	0	0	37.04
37.05	AMB SVC-DIABETES ADULT	90.05	0.000000	0	0	37.05
37.06	OUTPATIENT SURGERY	90.06	0.235128	0	0	37.06
37.07	AMB SVC-RILEY CLINICS	90.07	0.662508	0	0	37.07
37.08	MOTILITY LAB	90.08	0.284915	0	0	37.08
37.09	AMB SVC - PSYCH CHILD	90.09	0.000000	0	0	37.09
37.10	CLINICAL GERIATRICS	90.10	3.211686	0	0	37.10
37.11	SLEEP LAB	90.11	0.355934	0	0	37.11
37.12	OP CARE ADULTS	90.12	3.061160	0	0	37.12
37.13	PEDIATRIC CLINIC	90.13	0.000000	0	0	37.13
37.14	ARTHRITIS CLINIC	90.14	0.083998	0	0	37.14
37.15	NEUROLOGY UH	90.15	0.000000	0	0	37.15
37.16	ORTHOPEDICS UH	90.16	0.000000	0	0	37.16
37.17	PHYSICAL MEDICINE	90.17	1.693804	0	0	37.17
37.18	DERMATOLOGY CLINIC	90.18	0.599965	0	0	37.18
37.19	INFUSION/HEM/ONC	90.19	0.289137	0	0	37.19
37.20	IUMG - MH	90.20	1.437939	0	0	37.20
37.21	OP REHAB CLINIC	90.21	2.103781	0	0	37.21
37.22	EATING DISORDERS CLINIC	90.22	0.711423	0	0	37.22
37.23	GASTROENTEROLOGY CLINIC	90.23	1.833007	0	0	37.23
38.00	EMERGENCY	91.00	0.120579	828	100	38.00
38.01	EMERGENCY-RILEY	91.01	0.000000	0	0	38.01
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.512843	0	0	39.00
40.00	FAMILY PRACTICE	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			124,099	35,215	41.00

	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	1	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
44.01	NEONATAL INTENSIVE CARE UNIT	4.01	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
46.01	SURGICAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01
46.02	UH SURG 6IC	6.02	0.00	0	0	46.02
46.03	UH NS 3IC	6.03	0.00	0	0	46.03
46.04	RH PED IC	6.04	0.00	0	0	46.04
46.05	TRANSPLANT ICU	6.05	0.00	0	0	46.05
46.06	PEDS CANCER CARE	6.06	0.00	0	0	46.06
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	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
51.01	AMB SVC-OB & GYN	23.01	0	0.000000	0	51.01
51.02	IUSCC HEM/ONC	23.02	0	0.000000	0	51.02
51.03	AMB SVC-OPTHALMOLOGY	23.03	0	0.000000	0	51.03
51.04	AMB SVC-PSYCH ADULT	23.04	0	0.000000	0	51.04
51.05	AMB SVC-DIABETES ADULT	23.05	0	0.000000	0	51.05
51.06	OUTPATIENT SURGERY	23.06	0	0.000000	0	51.06
51.07	AMB SVC-RILEY CLINICS	23.07	0	0.000000	0	51.07
51.08	MOTILITY LAB	23.08	0	0.000000	0	51.08
51.09	AMB SVC - PSYCH CHILD	23.09	0	0.000000	0	51.09
51.10	CLINICAL GERIATRICS	23.10	0	0.000000	0	51.10
51.11	SLEEP LAB	23.11	0	0.000000	0	51.11
51.12	OP CARE ADULTS	23.12	0	0.000000	0	51.12
51.13	PEDIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	ARTHRITIS CLINIC	23.14	0	0.000000	0	51.14

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

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

Provider CCN: 150056
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	Intestinal D	Organ Charges (see instructions)	Hospital Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.15	NEUROLOGY UH	23.15	0	0.000000	0	51.15
51.16	ORTHOPEDICS UH	23.16	0	0.000000	0	51.16
51.17	PHYSICAL MEDICINE	23.17	0	0.000000	0	51.17
51.18	DERMATOLOGY CLINIC	23.18	0	0.000000	0	51.18
51.19	INFUSION/HEM/ONC	23.19	0	0.000000	0	51.19
51.20	IUMG - MH	23.20	0	0.000000	0	51.20
51.21	OP REHAB CLINIC	23.21	0	0.000000	0	51.21
51.22	EATING DISORDERS CLINIC	23.22	0	0.000000	0	51.22
51.23	GASTROENTEROLOGY CLINIC	23.23	0	0.000000	0	51.23
52.00	EMERGENCY	24.00	828	0.000000	0	52.00
52.01	EMERGENCY-RILEY	24.01	0	0.000000	0	52.01
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	FAMILY PRACTICE	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		828		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	36,222		127,846		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)	1,108,030		2,940,904		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)	1,144,252		3,068,750		61.00
62.00	Total Usable Organs (see instructions)		19			62.00
63.00	Medicare Usable Organs (see instructions)		8			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.421053			64.00
65.00	Medicare Cost/Charges (see instructions)	481,791		1,292,106		65.00
66.00	Revenue for Organs Sold	16,165		0		66.00
67.00	Subtotal (line 65 minus line 66)	465,626		1,292,106		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	465,626	0	1,292,106	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	5		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	14		73.00
74.00	Total (sum of lines 70 thru 73)	0	19		74.00
75.00	Organs Transplanted	0	14	714,595	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	5	16,165	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	19		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Hospital	PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		119,008,233		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		38,238,529		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		15,435,326		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		25,820,996		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,188.54		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		527.75		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		527.75		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		636.90		10.00
11.00	FTE count for residents in dental and podiatric programs.		17.71		11.00
12.00	Current year allowable FTE (see instructions)		545.46		12.00
13.00	Total allowable FTE count for the prior year.		545.94		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.		546.95		14.00
15.00	Sum of lines 12 through 14 divided by 3.		546.12		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		0.56		17.00
18.00	Adjusted rolling average FTE count		546.68		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.459959		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.423997		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.423997		21.00
22.00	IME payment adjustment (see instructions)		38,037,086		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).		2.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		109.15		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		2.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001683		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000449		27.00
28.00	IME add-on adjustment amount (see instructions)		82,197		28.00
29.00	Total IME payment (sum of lines 22 and 28)		38,119,283		29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.87		30.00
31.00	Percentage of Medicaid patient days (see instructions)		36.13		31.00
32.00	Sum of lines 30 and 31		44.00		32.00
33.00	Allowable disproportionate share percentage (see instructions)		25.52		33.00
34.00	Disproportionate share adjustment (see instructions)		32,810,519		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/1/2014 7:02 pm

		Title XVIII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.003785862	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			34,248,348	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			8,632,467	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,632,467		36.00
	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)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		252,244,357		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)		252,244,357		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		16,640,971		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).		9,864,136		52.00
53.00	Nursing and Allied Health Managed Care payment		212,000		53.00
54.00	Special add-on payments for new technologies		137,791		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		20,684,256		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).		228,964		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		870,890		58.00
59.00	Total (sum of amounts on lines 49 through 58)		300,883,365		59.00
60.00	Primary payer payments		210,974		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		300,672,391		61.00
62.00	Deductibles billed to program beneficiaries		10,807,864		62.00
63.00	Coinsurance billed to program beneficiaries		1,711,570		63.00
64.00	Allowable bad debts (see instructions)		5,556,411		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		3,611,667		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,376,027		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		291,764,624		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)		42,323		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-225,032		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		291,581,915		71.00
71.01	Sequestration adjustment (see instructions)		4,402,887		71.01
72.00	Interim payments		279,581,005		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		7,598,023		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		49,276,192		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
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 REIMBURSEMENT SETTLEMENT	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	221,934	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	119,924,365	2.00
3.00	PPS payments	91,087,967	3.00
4.00	Outlier payment (see instructions)	4,346,321	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	631,809	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	221,934	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	949,677	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)	949,677	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)	949,677	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	727,743	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)	221,934	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)	96,066,097	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	5,121	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,851,878	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)	78,431,032	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	4,392,806	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)	82,823,838	30.00
31.00	Primary payer payments	7,203	31.00
32.00	Subtotal (line 30 minus line 31)	82,816,635	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	266,654	33.00
34.00	Allowable bad debts (see instructions)	5,959,923	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	3,873,950	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,359,908	36.00
37.00	Subtotal (see instructions)	86,957,239	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	86,957,239	40.00
40.01	Sequestration adjustment (see instructions)	1,313,054	40.01
41.00	Interim payments	82,016,849	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	3,627,336	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	129	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)	129	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	440	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)	440	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)	440	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	311	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)	129	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)	129	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)	129	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	129	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)	129	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	129	40.00
40.01	Sequestration adjustment (see instructions)	2	40.01
41.00	Interim payments	88	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	39	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I Date/Time Prepared: 6/1/2014 7:02 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		279,379,605		82,016,849	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	12/30/2013	201,400		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)		201,400		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)		279,581,005		82,016,849	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		7,598,023		3,627,336	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		287,179,028		85,644,185	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 6/1/2014 7:02 pm
Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,211,531		88	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,211,531		88	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		58,684		39	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,270,215		127	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 6/1/2014 7:02 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	53,771	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	91,750	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	21,737	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	317,235	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	6,094,568,277	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	314,389,271	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)	1,802,129	8.00
9.00	Sequestration adjustment amount (see instructions)	36,043	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,766,086	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,593,786	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)	172,300	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 Component CCN: 15S056	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,239,833	1.00
2.00	Net IPF PPS Outlier Payments	44,784	2.00
3.00	Net IPF PPS ECT Payments	39,130	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	16.20	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §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.)	0.42	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)	0.42	8.00
9.00	Average Daily Census (see instructions)	17.884932	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.012026	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	14,910	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,338,657	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)	1,338,657	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,338,657	18.00
19.00	Deductibles	91,140	19.00
20.00	Subtotal (line 18 minus line 19)	1,247,517	20.00
21.00	Coinsurance	47,064	21.00
22.00	Subtotal (line 20 minus line 21)	1,200,453	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	127,262	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	82,720	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,415	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,283,173	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)	6,516	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)	1,289,689	31.00
31.01	Sequestration adjustment (see instructions)	19,474	31.01
32.00	Interim payments	1,211,531	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	58,684	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	44,784	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-4 | Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			553.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			553.51	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			636.90	6.00
7.00	Enter the lesser of line 5 or line 6			553.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	192.42	366.16	558.58	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.	167.23	318.22	485.45	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		17.21		10.00
11.00	Total weighted FTE count	167.23	335.43		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	172.03	332.18		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	173.00	333.41		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	170.75	333.67		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.33		16.00
17.00	Adjusted rolling average FTE count	170.75	334.00		17.00
18.00	Per resident amount	84,319.67	79,855.31		18.00
19.00	Approved amount for resident costs	14,397,584	26,671,674	41,069,258	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			2.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			83.39	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			1.75	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			93,231.60	23.00
24.00	Multiply line 22 time line 23			163,155	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			41,232,413	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	93,282	21,737		26.00
27.00	Total Inpatient Days (see instructions)	323,763	323,763		27.00
28.00	Ratio of inpatient days to total inpatient days	0.288118	0.067139		28.00
29.00	Program direct GME amount	11,879,800	2,768,303		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		391,161		30.00
31.00	Net Program direct GME amount			14,256,942	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 6/1/2014 7:02 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)	397	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	51,958,944	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000008	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	252,572,463	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	20,684,256	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)	210,974	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	273,045,745	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	121,602,685	42.00
43.00	Primary payer payments (see instructions)	7,203	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	121,595,482	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	394,641,227	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.691883	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.308117	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	14,256,942	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	9,864,136	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,392,806	50.00

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

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet G

Date/Time Prepared: 6/1/2014 7:02 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	321,361,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	503,929,000	0	0	0	4.00
5.00	Other receivable	162,073,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-189,346,000	0	0	0	6.00
7.00	Inventory	40,435,000	0	0	0	7.00
8.00	Prepaid expenses	20,270,000	0	0	0	8.00
9.00	Other current assets	0	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)	858,722,000	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	141,469,000	0	0	0	12.00
13.00	Land improvements	39,104,000	0	0	0	13.00
14.00	Accumulated depreciation	-18,372,000	0	0	0	14.00
15.00	Buildings	1,900,985,000	0	0	0	15.00
16.00	Accumulated depreciation	-772,317,000	0	0	0	16.00
17.00	Leasehold improvements	12,884,000	0	0	0	17.00
18.00	Accumulated depreciation	-9,803,000	0	0	0	18.00
19.00	Fixed equipment	42,448,000	0	0	0	19.00
20.00	Accumulated depreciation	-28,985,000	0	0	0	20.00
21.00	Automobiles and trucks	2,607,000	0	0	0	21.00
22.00	Accumulated depreciation	-1,998,000	0	0	0	22.00
23.00	Major movable equipment	1,365,306,000	0	0	0	23.00
24.00	Accumulated depreciation	-992,218,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,681,110,000	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	1,898,923,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,076,629,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,975,552,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	5,515,384,000	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	837,890,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	107,852,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	114,094,000	0	0	0	40.00
41.00	Deferred income	0	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	4,900,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,064,736,000	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	1,783,709,000	0	0	0	48.00
49.00	Other long term liabilities	180,302,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	1,964,011,000	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	3,028,747,000	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	2,486,637,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,486,637,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	5,515,384,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-1 | Date/Time Prepared: 6/1/2014 7:02 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		1,907,571,214		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		579,065,786				2.00
3.00	Total (sum of line 1 and line 2)		2,486,637,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,486,637,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		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		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,486,637,000		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 6/1/2014 7:02 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	639,555,641		639,555,641	1.00
2.00	SUBPROVIDER - IPF	13,339,174		13,339,174	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	652,894,815		652,894,815	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	69,912,836		69,912,836	11.00
12.00	CORONARY CARE UNIT	51,621,768		51,621,768	12.00
12.01	NEONATAL INTENSIVE CARE UNIT	22,988,128		22,988,128	12.01
13.00	BURN INTENSIVE CARE UNIT	6,974,966		6,974,966	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	SURGICAL INTENSIVE CARE UNIT	0		0	14.01
14.02	UH SURG 6IC	16,997,836		16,997,836	14.02
14.03	UH NS 3IC	0		0	14.03
14.04	RH PED IC	39,246,968		39,246,968	14.04
14.05	TRANSPLANT ICU	8,714,366		8,714,366	14.05
14.06	PEDS CANCER CARE	6,399,159		6,399,159	14.06
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	222,856,027		222,856,027	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	875,750,842		875,750,842	17.00
18.00	Ancillary services	2,415,810,789	2,017,792,566	4,433,603,355	18.00
19.00	Outpatient services	189,452,237	428,194,390	617,646,627	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	3,465,643	3,465,643	21.00
22.00	HOME HEALTH AGENCY		79,074,743	79,074,743	22.00
23.00	AMBULANCE SERVICES	199,381	67,599,379	67,798,760	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	17,228,308	17,228,308	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,481,213,249	2,613,355,029	6,094,568,278	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,778,336,513		29.00
30.00	HOME OFFICE EXPENSE	891,332,267			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		891,332,267		36.00
37.00	NON AHC OPERATION (HO ALLOCATIONS)	403,901,113			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		403,901,113		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		2,265,767,667		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-3 | Date/Time Prepared: 6/1/2014 7:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	6,094,568,278	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,014,197,825	2.00
3.00	Net patient revenues (line 1 minus line 2)	2,080,370,453	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,265,767,667	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-185,397,214	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	250,735,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISCELLANEOUS INCOME	563,728,000	24.00
25.00	Total other income (sum of lines 6-24)	814,463,000	25.00
26.00	Total (line 5 plus line 25)	629,065,786	26.00
27.00	ED & RESEARCH SUPPORT - IU	50,000,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	50,000,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	579,065,786	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2013 To 12/31/2013

Worksheet H
Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	6,778,383	1,454,198	0	0	1,051,599	9,284,180	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,145,677	135,190	0	0	16,510	3,297,377	6.00
7.00	Physical Therapy	1,909,495	96,996	0	0	7,172	2,013,663	7.00
8.00	Occupational Therapy	302,930	29,185	0	0	1,900	334,015	8.00
9.00	Speech Pathology	72,975	3,330	0	0	765	77,070	9.00
10.00	Medical Social Services	110,307	6,622	0	0	668	117,597	10.00
11.00	Home Health Aide	247,554	9,222	0	0	677	257,453	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	1,468,350	112,972	0	0	2,832,563	4,413,885	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	5,109,948	415,860	0	0	8,894,956	14,420,764	23.00
24.00	Total (sum of lines 1-23)	19,145,619	2,263,575	0	0	12,806,810	34,216,004	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	9,284,180	0	9,284,180			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	3,297,377	0	3,297,377			6.00
7.00	Physical Therapy	0	2,013,663	0	2,013,663			7.00
8.00	Occupational Therapy	0	334,015	0	334,015			8.00
9.00	Speech Pathology	0	77,070	0	77,070			9.00
10.00	Medical Social Services	0	117,597	0	117,597			10.00
11.00	Home Health Aide	0	257,453	0	257,453			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	4,413,885	0	4,413,885			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	14,420,764	0	14,420,764			23.00
24.00	Total (sum of lines 1-23)	0	34,216,004	0	34,216,004			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2013 To 12/31/2013

Worksheet H-1 Part I
Date/Time Prepared: 6/1/2014 7:02 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	9,284,180	0	0	0	0	9,284,180	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,297,377	0	0	0	0	3,297,377	6.00
7.00	Physical Therapy	2,013,663	0	0	0	0	2,013,663	7.00
8.00	Occupational Therapy	334,015	0	0	0	0	334,015	8.00
9.00	Speech Pathology	77,070	0	0	0	0	77,070	9.00
10.00	Medical Social Services	117,597	0	0	0	0	117,597	10.00
11.00	Home Health Aide	257,453	0	0	0	0	257,453	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	4,413,885	0	0	0	0	4,413,885	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	14,420,764	0	0	0	0	14,420,764	23.00
24.00	Total (sum of lines 1-23)	34,216,004	0	0	0	0	34,216,004	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	9,284,180		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,227,887	4,525,264	6.00
7.00	Physical Therapy	749,854	2,763,517	7.00
8.00	Occupational Therapy	124,382	458,397	8.00
9.00	Speech Pathology	28,700	105,770	9.00
10.00	Medical Social Services	43,791	161,388	10.00
11.00	Home Health Aide	95,871	353,324	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	1,643,656	6,057,541	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	5,370,039	19,790,803	23.00
24.00	Total (sum of lines 1-23)		34,216,004	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-1
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-9,284,180	24,931,824	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	3,297,377	6.00
7.00	Physical Therapy	0	0	0	0	0	2,013,663	7.00
8.00	Occupational Therapy	0	0	0	0	0	334,015	8.00
9.00	Speech Pathology	0	0	0	0	0	77,070	9.00
10.00	Medical Social Services	0	0	0	0	0	117,597	10.00
11.00	Home Health Aide	0	0	0	0	0	257,453	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	4,413,885	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	14,420,764	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-9,284,180	24,931,824	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		9,284,180	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.372383	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-2
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Home Health Agency I

PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		0	1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	0	225,055	0	266,881	4,402,629	883	1.00
2.00	Skilled Nursing Care	4,525,264	0	0	0	0	0	2.00
3.00	Physical Therapy	2,763,517	0	0	0	0	0	3.00
4.00	Occupational Therapy	458,397	0	0	0	0	0	4.00
5.00	Speech Pathology	105,770	0	0	0	0	0	5.00
6.00	Medical Social Services	161,388	0	0	0	0	0	6.00
7.00	Home Health Aide	353,324	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	6,057,541	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	19,790,803	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	34,216,004	225,055	0	266,881	4,402,629	883	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	407,399	10,597	0	410,872	5,724,316	423,725	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,525,264	334,969	2.00
3.00	Physical Therapy	0	0	0	0	2,763,517	204,561	3.00
4.00	Occupational Therapy	0	0	0	0	458,397	33,931	4.00
5.00	Speech Pathology	0	0	0	0	105,770	7,829	5.00
6.00	Medical Social Services	0	0	0	0	161,388	11,946	6.00
7.00	Home Health Aide	0	0	0	0	353,324	26,154	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	6,057,541	448,391	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19,790,803	1,464,956	19.00
20.00	Total (sum of lines 1-19) (2)	407,399	10,597	0	410,872	39,940,320	2,956,462	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-2
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Home Health Agency I | PPS

	Cost Center Description	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		6.00	6.03	7.00	7.01	8.00	9.00	
1.00	Administrative and General	155,024	0	497,409	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	155,024	0	497,409	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		9.01	9.02	9.03	10.00	11.00	12.00	
1.00	Administrative and General	868	0	3,167	0	72,228	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	868	0	3,167	0	72,228	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health Agency I

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	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	558,406	112,992	0	135,376	0	37,719	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	558,406	112,992	0	135,376	0	37,719	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-2
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

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

	Cost Center Description	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	PARAMED NEUROPHYSIOLOGY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.08	23.09	23.10	23.11	24.00	25.00	
1.00	Administrative and General	0	0	0	0	7,721,230	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,860,233	0	2.00
3.00	Physical Therapy	0	0	0	0	2,968,078	0	3.00
4.00	Occupational Therapy	0	0	0	0	492,328	0	4.00
5.00	Speech Pathology	0	0	0	0	113,599	0	5.00
6.00	Medical Social Services	0	0	0	0	173,334	0	6.00
7.00	Home Health Aide	0	0	0	0	379,478	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	6,505,932	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	21,255,759	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	44,469,971	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-2
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

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	Cost Center Description	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		26.00	27.00	28.00			
1.00	Administrative and General	7,721,230					1.00
2.00	Skilled Nursing Care	4,860,233	1,021,179	5,881,412			2.00
3.00	Physical Therapy	2,968,078	623,620	3,591,698			3.00
4.00	Occupational Therapy	492,328	103,443	595,771			4.00
5.00	Speech Pathology	113,599	23,868	137,467			5.00
6.00	Medical Social Services	173,334	36,419	209,753			6.00
7.00	Home Health Aide	379,478	79,732	459,210			7.00
8.00	Supplies (see instructions)	0	0	0			8.00
9.00	Drugs	0	0	0			9.00
10.00	DME	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0			11.00
12.00	Respiratory Therapy	6,505,932	1,366,955	7,872,887			12.00
13.00	Private Duty Nursing	0	0	0			13.00
14.00	Clinic	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0			15.00
16.00	Day Care Program	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0			17.00
18.00	Homemaker Service	0	0	0			18.00
19.00	All Others (specify)	21,255,759	4,466,014	25,721,773			19.00
20.00	Total (sum of lines 1-19) (2)	44,469,971	7,721,230	44,469,971			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.210109				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-2
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (PHONE LINES)	
		1.00	1.01	2.00	4.00	5.01	5.02	
1.00	Administrative and General	23,805	23,805	190,884	19,125,483	76	76	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	23,805	23,805	190,884	19,125,483	76	76	20.00
21.00	Total cost to be allocated	225,055	0	266,881	4,402,629	883	407,399	21.00
22.00	Unit cost multiplier	9.454106	0.000000	1.398132	0.230197	11.618421	5,360.513158	22.00

	Cost Center Description	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	171,909	9	79,074,743	0	5,724,316	23,805	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,525,264	0	2.00
3.00	Physical Therapy	0	0	0	0	2,763,517	0	3.00
4.00	Occupational Therapy	0	0	0	0	458,397	0	4.00
5.00	Speech Pathology	0	0	0	0	105,770	0	5.00
6.00	Medical Social Services	0	0	0	0	161,388	0	6.00
7.00	Home Health Aide	0	0	0	0	353,324	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	6,057,541	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19,790,803	0	19.00
20.00	Total (sum of lines 1-19)	171,909	9	79,074,743		39,940,320	23,805	20.00
21.00	Total cost to be allocated	10,597	0	410,872		2,956,462	155,024	21.00
22.00	Unit cost multiplier	0.061643	0.000000	0.005196		0.074022	6.512245	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-2
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

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	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	
		6.03	7.00	7.01	8.00	9.00	9.01	
1.00	Administrative and General	0	23,805	0	0	0	259	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	23,805	0	0	0	259	20.00
21.00	Total cost to be allocated	0	497,409	0	0	0	868	21.00
22.00	Unit cost multiplier	0.000000	20.895148	0.000000	0.000000	0.000000	3.351351	22.00

	Cost Center Description	HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		9.02	9.03	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	805	0	310	0	63	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	805	0	310	0	63	20.00
21.00	Total cost to be allocated	0	3,167	0	72,228	0	558,406	21.00
22.00	Unit cost multiplier	0.000000	3.934161	0.000000	232.993548	0.000000	8,863.587302	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2013 To 12/31/2013

Worksheet H-2 Part II
Date/Time Prepared: 6/1/2014 7:02 pm

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	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	171,909	0	79,074,743	0	79,074,743	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	171,909	0	79,074,743	0	79,074,743	0	20.00
21.00	Total cost to be allocated	112,992	0	135,376	0	37,719	0	21.00
22.00	Unit cost multiplier	0.657278	0.000000	0.001712	0.000000	0.000477	0.000000	22.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-2
Part II
Date/Time Prepared:
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Home Health Agency I | PPS

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2013 To 12/31/2013

Worksheet H-3 Part I
Date/Time Prepared: 6/1/2014 7:02 pm

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	5,881,412		5,881,412	34,544	170.26	1.00
2.00	Physical Therapy	3.00	3,591,698	0	3,591,698	20,275	177.15	2.00
3.00	Occupational Therapy	4.00	595,771	0	595,771	3,316	179.67	3.00
4.00	Speech Pathology	5.00	137,467	0	137,467	600	229.11	4.00
5.00	Medical Social Services	6.00	209,753		209,753	656	319.75	5.00
6.00	Home Health Aide	7.00	459,210		459,210	7,354	62.44	6.00
7.00	Total (sum of lines 1-6)		10,875,311	0	10,875,311	66,745		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		11300	170	159			8.00
8.01	Skilled Nursing Care		14020	67	64			8.01
8.02	Skilled Nursing Care		23844	0	0			8.02
8.03	Skilled Nursing Care		26900	2,376	2,283			8.03
8.04	Skilled Nursing Care		29020	360	288			8.04
8.05	Skilled Nursing Care		29140	808	720			8.05
8.06	Skilled Nursing Care		34620	1,668	1,115			8.06
8.07	Skilled Nursing Care		43780	7	0			8.07
8.08	Skilled Nursing Care		99915	1,625	1,876			8.08
9.00	Physical Therapy		11300	169	102			9.00
9.01	Physical Therapy		14020	47	24			9.01
9.02	Physical Therapy		23844	0	0			9.02
9.03	Physical Therapy		26900	1,456	1,847			9.03
9.04	Physical Therapy		29020	295	305			9.04
9.05	Physical Therapy		29140	616	666			9.05
9.06	Physical Therapy		34620	585	332			9.06
9.07	Physical Therapy		43780	10	0			9.07
9.08	Physical Therapy		99915	898	1,008			9.08
10.00	Occupational Therapy		11300	12	7			10.00
10.01	Occupational Therapy		14020	4	14			10.01
10.02	Occupational Therapy		23844	0	0			10.02
10.03	Occupational Therapy		26900	448	470			10.03
10.04	Occupational Therapy		29020	42	78			10.04
10.05	Occupational Therapy		29140	49	58			10.05
10.06	Occupational Therapy		34620	276	65			10.06
10.07	Occupational Therapy		43780	5	0			10.07
10.08	Occupational Therapy		99915	168	196			10.08
11.00	Speech Pathology		11300	0	0			11.00
11.01	Speech Pathology		14020	0	0			11.01
11.02	Speech Pathology		23844	0	0			11.02
11.03	Speech Pathology		26900	95	53			11.03
11.04	Speech Pathology		29020	26	0			11.04
11.05	Speech Pathology		29140	16	16			11.05
11.06	Speech Pathology		34620	22	10			11.06
11.07	Speech Pathology		43780	0	0			11.07
11.08	Speech Pathology		99915	25	10			11.08
12.00	Medical Social Services		11300	1	1			12.00
12.01	Medical Social Services		14020	3	3			12.01
12.02	Medical Social Services		23844	0	0			12.02
12.03	Medical Social Services		26900	110	110			12.03
12.04	Medical Social Services		29020	1	7			12.04
12.05	Medical Social Services		29140	4	11			12.05
12.06	Medical Social Services		34620	20	9			12.06
12.07	Medical Social Services		43780	0	0			12.07
12.08	Medical Social Services		99915	27	31			12.08
13.00	Home Health Aide		11300	44	413			13.00
13.01	Home Health Aide		14020	23	73			13.01
13.02	Home Health Aide		23844	0	0			13.02
13.03	Home Health Aide		26900	449	400			13.03
13.04	Home Health Aide		29020	124	303			13.04
13.05	Home Health Aide		29140	89	159			13.05
13.06	Home Health Aide		34620	287	529			13.06
13.07	Home Health Aide		43780	8	0			13.07

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056
HHA CCN: 157158

Period: From 01/01/2013 To 12/31/2013

Worksheet H-3 Part I
Date/Time Prepared: 6/1/2014 7:02 pm

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	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
13.08	Home Health Aide		99915	337	718			13.08
14.00	Total (sum of lines 8-13)			13,872	14,533			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	7,081	6,505		1,205,611	1,107,541		1.00
2.00	Physical Therapy	4,076	4,284		722,063	758,911		2.00
3.00	Occupational Therapy	1,004	888		180,389	159,547		3.00
4.00	Speech Pathology	184	89		42,156	20,391		4.00
5.00	Medical Social Services	166	172		53,079	54,997		5.00
6.00	Home Health Aide	1,361	2,595		84,981	162,032		6.00
7.00	Total (sum of lines 1-6)	13,872	14,533		2,288,279	2,263,419		7.00
	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
8.06	Skilled Nursing Care							8.06
8.07	Skilled Nursing Care							8.07
8.08	Skilled Nursing Care							8.08
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
9.06	Physical Therapy							9.06
9.07	Physical Therapy							9.07
9.08	Physical Therapy							9.08
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
10.06	Occupational Therapy							10.06
10.07	Occupational Therapy							10.07
10.08	Occupational Therapy							10.08
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
11.06	Speech Pathology							11.06
11.07	Speech Pathology							11.07
11.08	Speech Pathology							11.08
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

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Part I
Date/Time Prepared:
6/1/2014 7:02 pm

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	Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
12.06	Medical Social Services							12.06
12.07	Medical Social Services							12.07
12.08	Medical Social Services							12.08
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
13.06	Home Health Aide							13.06
13.07	Home Health Aide							13.07
13.08	Home Health Aide							13.08
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies							15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2,313,152	1.00
2.00	Physical Therapy	1,480,974	2.00
3.00	Occupational Therapy	339,936	3.00
4.00	Speech Pathology	62,547	4.00
5.00	Medical Social Services	108,076	5.00
6.00	Home Health Aide	247,013	6.00
7.00	Total (sum of lines 1-6)	4,551,698	7.00

	Cost Center Description	12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
8.04	Skilled Nursing Care		8.04
8.05	Skilled Nursing Care		8.05
8.06	Skilled Nursing Care		8.06
8.07	Skilled Nursing Care		8.07
8.08	Skilled Nursing Care		8.08
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
9.04	Physical Therapy		9.04
9.05	Physical Therapy		9.05
9.06	Physical Therapy		9.06
9.07	Physical Therapy		9.07
9.08	Physical Therapy		9.08
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
10.04	Occupational Therapy		10.04
10.05	Occupational Therapy		10.05
10.06	Occupational Therapy		10.06
10.07	Occupational Therapy		10.07
10.08	Occupational Therapy		10.08
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description						
		12.00					
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
11.07	Speech Pathology						11.07
11.08	Speech Pathology						11.08
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
12.07	Medical Social Services						12.07
12.08	Medical Social Services						12.08
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
13.06	Home Health Aide						13.06
13.07	Home Health Aide						13.07
13.08	Home Health Aide						13.08
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.252761	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.276510	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.511418	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.304956	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.293816	0	0	col. 2, line 16.00		5.00
5.01	Cost of Drugs 1	73.01	0.000000	0	0	col. 2, line 16.01		5.01
5.02	Cost of Drugs 2	73.02	0.000000	0	0	col. 2, line 16.02		5.02
5.03	Cost of Drugs 3	73.03	0.205937	0	0	col. 2, line 16.03		5.03

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 150056 HHA CCN: 157158	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	2,774,417	2,738,865	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	2,774,417	2,738,865	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,774,417	2,738,865	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	2,175,844	2,179,946	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	40,288	30,068	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	50,303	71,354	13.00
14.00	Total PPS Reimbursement - PEP Episodes	38,375	32,235	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	5,878	6,237	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	524	355	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	2,311,212	2,320,195	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	2,311,212	2,320,195	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	2,311,212	2,320,195	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	2,311,212	2,320,195	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	2,311,212	2,320,195	31.00
31.01	Sequestration adjustment (see instructions)	30,944	35,827	31.01
32.00	Interim payments (see instructions)	2,280,268	2,284,368	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	35.00

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

Provider CCN: 150056
HHA CCN: 157158

Period:
From 01/01/2013
To 12/31/2013

Worksheet H-5
Date/Time Prepared: 6/1/2014 7:02 pm

Home Health Agency I | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,280,268		2,284,368	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		2,280,268		2,284,368	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,280,268		2,284,368	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 150056
Component CCN: 153510

Period:
From 01/01/2013
To 12/31/2013

Worksheet I-1
Date/Time Prepared:
6/1/2014 7:02 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	3,346,630	Hours of Service	104,849.00	50.41	1.00
2.00	Licensed Practical Nurses	10,590	Hours of Service	671.00	0.32	2.00
3.00	Nurses Aides	22,622	Hours of Service	1,479.00	0.71	3.00
4.00	Technicians	1,172,037	Hours of Service	73,517.00	35.34	4.00
5.00	Social Workers	66,646	Hours of Service	2,958.00	1.42	5.00
6.00	Dieticians	143,670	Hours of Service	4,964.00	2.39	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	843,154	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	5,605,349				9.00
10.00	Employee Benefits	454,226	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	37,644	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	61,698	Percentage of Time			12.00
13.00	Machine Costs & Repairs	29,625	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	1,149,256	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	7,337,798				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	322,026	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	305,956	Percentage of Time			19.00
20.00	Employee Benefits Department	1,413,543	Salary			20.00
21.00	Administrative & General	1,837,007	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	1,052,584	Square Feet			22.00
23.00	Medical Education Program Costs	397				23.00
24.00	Central Service & Supplies	1,383,938	Requisitions			24.00
25.00	Pharmacy	-1,091,236	Requisitions			25.00
26.00	Other Allocated Costs	596,956	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	13,158,969				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)	13,158,969				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 150056
Component CCN: 153510

Period: From 01/01/2013 To 12/31/2013

Worksheet I-2
Date/Time Prepared: 6/1/2014 7:02 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	1,412,254	397,279	3,346,630	1,415,565	1,867,769	-1,091,236	1.00
	MAINTENANCE							
2.00	Hemodialysis	803,106	225,921	1,903,128	804,989	1,062,145	-620,553	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	1,554	437	3,683	1,558	2,055	-1,201	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	201	56	475	201	265	-155	6.00
7.00	CCPD	1,053	296	2,495	1,055	1,392	-813	7.00
	HOME							
8.00	Hemodialysis	190,349	53,547	451,072	190,796	251,745	-147,081	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	21,155	5,951	50,132	21,205	27,979	-16,347	10.00
11.00	CCPD	394,836	111,071	935,645	395,761	522,188	-305,086	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	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)	1,412,254	397,279	3,346,630	1,415,565	1,867,769	-1,091,236	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	1,383,938	0	8,732,199	4,426,373	13,158,572		1.00
	MAINTENANCE							
2.00	Hemodialysis	787,003	0	4,965,739	2,517,146	7,482,885		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	1,523	0	9,609	4,871	14,480		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	197	0	1,240	629	1,869		6.00
7.00	CCPD	1,032	0	6,510	3,300	9,810		7.00
	HOME							
8.00	Hemodialysis	186,533	0	1,176,961	596,604	1,773,565		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	20,731	0	130,806	66,306	197,112		10.00
11.00	CCPD	386,919	0	2,441,334	1,237,517	3,678,851		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	1,383,938	0	8,732,199	4,426,373	13,158,572		17.00
18.00	Medical Educational Program Costs					397		18.00
19.00	Total Renal Costs (line 17 + line 18)					13,158,969		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Component CCN: 153510

Period: From 01/01/2013 To 12/31/2013

Worksheet I-3
Date/Time Prepared: 6/1/2014 7:02 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		1,412,254	397,279	3,346,630	1,415,565	1,867,769	1.00
	MAINTENANCE							
2.00	Hemodialysis		16,020	16,020.00	16,020.00	16,020.00	16,020	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		31	31.00	31.00	31.00	31	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		4	4.00	4.00	4.00	4	6.00
7.00	CCPD		21	21.00	21.00	21.00	21	7.00
	HOME							
8.00	Hemodialysis		3,797	3,797.00	3,797.00	3,797.00	3,797	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		422	422.00	422.00	422.00	422	10.00
11.00	CCPD		7,876	7,876.00	7,876.00	7,876.00	7,876	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		28,171	28,171.00	28,171.00	28,171.00	28,171	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		50.131483	14.102410	118.796990	50.249015	66.301125	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	-1,091,236	1,383,938	0	8,732,199	4,426,373		1.00
	MAINTENANCE							
2.00	Hemodialysis	16,020	16,020	16,020				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	31	31	31				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	4	4	4				6.00
7.00	CCPD	21	21	21				7.00
	HOME							
8.00	Hemodialysis	3,797	3,797	3,797				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	422	422	422				10.00
11.00	CCPD	7,876	7,876	7,876				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	28,171	28,171	28,171		8,732,199		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-38.736147	49.126336	0.000000		0.506902		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 150056
Component CCN: 153510
Rate 0

Period: From 01/01/2013 To 12/31/2013
Renal Dialysis

Worksheet I-4
Date/Time Prepared: 6/1/2014 7:02 pm

		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 (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.00	4.02	
1.00	Maintenance - Hemodialysis	16,020	7,482,885	467.10	0	17,690	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	31	14,480	467.10	0	34	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	4	1,869	467.25	0	3	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	21	9,810	467.14	0	9	6.00
7.00	Home Program - Hemodialysis	3,797	1,773,565	467.10	0	4,193	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.00	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	60	197,112	3,285.20	0	56	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,125	3,678,851	3,270.09	0	452	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	19,873	13,158,572		0	21,929	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	23,428					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02
20.03							20.03

		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.00	6.02	7.00	7.02	
1.00	Maintenance - Hemodialysis	8,262,999	0	4,601,186	249.09	260.10	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	15,881	0	12,830	317.00	377.35	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	1,402	0	1,037	349.50	345.67	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	4,204	0	2,781	273.53	309.00	6.00
7.00	Home Program - Hemodialysis	1,958,550	0	1,115,834	255.16	266.12	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.00	6.02	7.00	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	183,971	0	42,518	744.78	759.25	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,478,081	0	346,983	8,866.74	767.66	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	11,905,088	0	6,123,169			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN						20.00
20.01	CLARIAN HEALTH PARTNERS						20.01
20.02	METHODIST DIALYSIS						20.02
20.03							20.03

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet I-1 Date/Time Prepared: 6/1/2014 7:02 pm
		Home Program Dialysis	PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	571,083	Hours of Service	15,529.00	7.47	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	89,432	Hours of Service	4,679.00	2.25	4.00
5.00	Social Workers	55,697	Hours of Service	2,278.00	1.10	5.00
6.00	Dieticians	1,149	Hours of Service	49.00	0.02	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	47,738	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	765,099				9.00
10.00	Employee Benefits	51,697	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	76,046	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	19,261	Percentage of Time			12.00
13.00	Machine Costs & Repairs	4,468	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	165,300	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	1,081,871				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	110,452	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	81,167	Percentage of Time			19.00
20.00	Employee Benefits Department	195,611	Salary			20.00
21.00	Administrative & General	410,428	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	359,361	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	1,239,350	Requisitions			24.00
25.00	Pharmacy	-491,004	Requisitions			25.00
26.00	Other Allocated Costs	93,701	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	3,080,937				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)	3,080,937				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-2 Date/Time Prepared: 6/1/2014 7:02 pm

		Home Program Dialysis	PPS

		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	545,859	104,896	571,083	146,278	247,308	-491,004	1.00
	MAINTENANCE							
2.00	Hemodialysis	200,725	38,572	210,001	53,791	90,941	-180,554	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	394	76	412	106	178	-354	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	1,143	220	1,195	306	518	-1,028	6.00
7.00	CCPD	453	87	474	121	205	-408	7.00
	HOME							
8.00	Hemodialysis	47,571	9,142	49,770	12,748	21,553	-42,791	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	131,565	25,282	137,644	35,256	59,607	-118,343	10.00
11.00	CCPD	164,008	31,517	171,587	43,950	74,306	-147,526	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	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)	545,859	104,896	571,083	146,278	247,308	-491,004	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	1,239,350	0	2,363,770	717,167	3,080,937		1.00
	MAINTENANCE							
2.00	Hemodialysis	455,739	0	869,215	263,719	1,132,934		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	894	0	1,706	518	2,224		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	2,594	0	4,948	1,501	6,449		6.00
7.00	CCPD	1,029	0	1,961	595	2,556		7.00
	HOME							
8.00	Hemodialysis	108,009	0	206,002	62,501	268,503		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	298,712	0	569,723	172,854	742,577		10.00
11.00	CCPD	372,373	0	710,215	215,479	925,694		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	1,239,350	0	2,363,770	717,167	3,080,937		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					3,080,937		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056

Period: From 01/01/2013 To 12/31/2013

Worksheet I-3

Date/Time Prepared: 6/1/2014 7:02 pm

		Home Program Dialysis	PPS

			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		545,859	104,896	571,083	146,278	247,308	1.00
	MAINTENANCE							
2.00	Hemodialysis		10,190	10,190.00	10,190.00	10,190.00	10,190	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		20	20.00	20.00	20.00	20	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		58	58.00	58.00	58.00	58	6.00
7.00	CCPD		23	23.00	23.00	23.00	23	7.00
	HOME							
8.00	Hemodialysis		2,415	2,415.00	2,415.00	2,415.00	2,415	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		6,679	6,679.00	6,679.00	6,679.00	6,679	10.00
11.00	CCPD		8,326	8,326.00	8,326.00	8,326.00	8,326	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		27,711	27,711.00	27,711.00	27,711.00	27,711	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		19.698279	3.785356	20.608531	5.278698	8.924543	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	-491,004	1,239,350	0	2,363,770	717,167		1.00
	MAINTENANCE							
2.00	Hemodialysis	10,190	10,190	10,190				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	20	20	20				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	58	58	58				6.00
7.00	CCPD	23	23	23				7.00
	HOME							
8.00	Hemodialysis	2,415	2,415	2,415				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	6,679	6,679	6,679				10.00
11.00	CCPD	8,326	8,326	8,326				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	27,711	27,711	27,711		2,363,770		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-17.718740	44.724117	0.000000		0.303400		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet I-4 Date/Time Prepared: 6/1/2014 7:02 pm
	Rate 0	Home Program Dialysis	PPS

		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 (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.00	4.02	
1.00	Maintenance - Hemodialysis	10,190	1,132,934	111.18	0	10,878	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	20	2,224	111.20	0	21	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	58	6,449	111.19	0	44	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	23	2,556	111.13	0	10	6.00
7.00	Home Program - Hemodialysis	2,415	268,503	111.18	0	2,578	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.00	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	954	742,577	778.38	0	714	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,189	925,694	778.55	0	544	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	12,706	3,080,937		0	13,531	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	19,135					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN	153515					20.00
20.01	CLARIAN HEALTH PARTNERS	153521					20.01
20.02	METHODIST DIALYSIS	153522					20.02
20.03							20.03

		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.00	6.02	7.00	7.02	
1.00	Maintenance - Hemodialysis	1,209,416	0	2,829,402	249.09	260.10	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	2,335	0	7,890	318.68	375.71	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	4,892	0	13,298	292.77	302.23	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	1,111	0	3,343	282.25	334.30	6.00
7.00	Home Program - Hemodialysis	286,622	0	686,158	255.16	266.16	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.00	6.02	7.00	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	555,763	0	545,385	755.08	763.84	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	423,531	0	417,153	739.02	766.83	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	2,483,670	0	4,502,629			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	CLARIAN						20.00
20.01	CLARIAN HEALTH PARTNERS						20.01
20.02	METHODIST DIALYSIS						20.02
20.03							20.03

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 150056 | Period: From 01/01/2013 To 12/31/2013 | Worksheet I-5 | Date/Time Prepared: 6/1/2014 7:02 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)	14,388,758		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)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)	10,625,798	9,918,272	2.02
2.03	Total payment due (see instructions)	10,625,798	9,918,272	2.03
2.04	Outlier payments	110,859		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	1,425	1,330	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,425	1,330	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	2,124,873	1,983,386	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	2,124,873	1,983,386	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	332,539	303,016	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	332,539	303,016	5.05
6.00	Allowable bad debts (see instructions)	266,654		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	226,885		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	1,681,700	8.00
9.00	Program payment (see instructions)	0	7,933,554	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	266,654		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	17,821,749		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	16,239,509		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.911219		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150056
Hospice CCN: 151511

Period: From 01/01/2013 To 12/31/2013

Worksheet K
Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		253,412	1.00
2.00	Capital Related Costs-Movable Equip.			0		44,649	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	45,597	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,079,033	322,402	0	0	1,600,951	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	10,563	3,156	0	0	145,245	9.00
10.00	Nursing Care	1,740,173	519,943	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	318,522	95,170	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	260,852	77,940	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	638,420	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	48,511	0	0	27.00
28.00	Imaging Services	0	0	0	0	4,876	28.00
29.00	Labs and Diagnostics	0	0	0	0	5,699	29.00
30.00	Medical Supplies	0	0	0	0	71,175	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	276,690	82,672	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,685,833	1,101,283	48,511	0	2,810,024	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	253,412	-15,048	238,364	0	238,364	1.00
2.00	Capital Related Costs-Movable Equip.	44,649	-44,649	0	0	0	2.00
3.00	Plant Operation and Maintenance	45,597	0	45,597	0	45,597	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	3,002,386	-241,373	2,761,013	-318,527	2,442,486	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	158,964	-2,363	156,601	-50,000	106,601	9.00
10.00	Nursing Care	2,260,116	-389,295	1,870,821	0	1,870,821	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	413,692	-71,257	342,435	0	342,435	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	338,792	-58,355	280,437	0	280,437	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	638,420	-633,399	5,021	0	5,021	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	48,511	0	48,511	0	48,511	27.00
28.00	Imaging Services	4,876	0	4,876	0	4,876	28.00
29.00	Labs and Diagnostics	5,699	0	5,699	0	5,699	29.00
30.00	Medical Supplies	71,175	-71,175	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	359,362	-61,898	297,464	0	297,464	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	7,645,651	-1,588,812	6,056,839	-368,527	5,688,312	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056
Hospice CCN: 151511

Period: From 01/01/2013 To 12/31/2013

Worksheet K-1
Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	97,580	0	0	291,000	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,740,173	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	318,522	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	97,580	318,522	0	2,031,173	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150056
Hospice CCN: 151511

Period: From 01/01/2013 To 12/31/2013

Worksheet K-1
Date/Time Prepared: 6/1/2014 7:02 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	690,453	1,079,033		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	10,563	10,563		9.00
10.00	Nursing Care		0	0	1,740,173		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	318,522		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	260,852	260,852		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	276,690	276,690		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,238,558	3,685,833		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-2
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	29,156	0	0	86,947	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	519,943	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	95,170	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	29,156	95,170	0	606,890	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-2
Date/Time Prepared:
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Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	206,299	322,402		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	3,156	3,156		9.00
10.00	Nursing Care		0	0	519,943		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	95,170		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	77,940	77,940		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	82,672	82,672		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	370,067	1,101,283		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-4
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST BUILDINGS & FIXTURES	CAPITAL RELATED COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	238,364	238,364				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	45,597	0	0	45,597		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	2,442,486	238,364	0	45,597	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	106,601	0	0	0	0	9.00
10.00	Nursing Care	1,870,821	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	342,435	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	280,437	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	5,021	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	48,511	0	0	0	0	27.00
28.00	Imaging Services	4,876	0	0	0	0	28.00
29.00	Labs and Diagnostics	5,699	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	297,464	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,688,312	238,364	0	45,597	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-4
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	2,726,447	2,726,447			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	106,601	98,128	204,729		9.00
10.00	Nursing Care	0	1,870,821	1,722,123	3,592,944		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	342,435	315,217	657,652		15.00
16.00	Spiritual Counseling	0	0	0	0		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	280,437	258,147	538,584		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	5,021	4,622	9,643		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	48,511	44,655	93,166		27.00
28.00	Imaging Services	0	4,876	4,488	9,364		28.00
29.00	Labs and Diagnostics	0	5,699	5,246	10,945		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	297,464	273,821	571,285		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	5,688,312		5,688,312		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-4
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	7,062					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	7,062			3.00
4.00	Transportation - Staff	0	0	0	100		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	7,062	0	7,062	100	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	238,364	0	45,597	0	0	39.00
40.00	Unit Cost Multiplier	33.753044	0.000000	6.456669	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-4
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-2,726,447	2,961,865	6.00
	INPATIENT CARE SERVICE			
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
	VISITING SERVICES			
9.00	Physician Services	0	106,601	9.00
10.00	Nursing Care	0	1,870,821	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	342,435	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	280,437	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
	OTHER HOSPICE SERVICE COSTS			
22.00	Drugs, Biological and Infusion Therapy	0	5,021	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	48,511	27.00
28.00	Imaging Services	0	4,876	28.00
29.00	Labs and Diagnostics	0	5,699	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE			
35.00	Bereavement Program Costs	0	297,464	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		2,726,447	39.00
40.00	Unit Cost Multiplier		0.920517	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW INTEREST	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	1.01	2.00	4.00	
1.00	Administrative and General		63,314	0	62,425	853,882	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	204,729	0	0	0	0	4.00
5.00	Nursing Care	3,592,944	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	657,652	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	538,584	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	9,643	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	93,166	0	0	0	0	22.00
23.00	Imaging Services	9,364	0	0	0	0	23.00
24.00	Labs and Diagnostics	10,945	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	571,285	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,688,312	63,314	0	62,425	853,882	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING, & STORES	ADMITTING	CASHIERING	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	488	225,142	4,388	0	89,518	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	488	225,142	4,388	0	89,518	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	Hospice I MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.05	5.06	6.00	6.03	7.00	
1.00	Administrative and General	1,299,157	96,166	43,612	0	139,935	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	204,729	15,154	0	0	0	4.00
5.00	Nursing Care	3,592,944	265,957	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	657,652	48,681	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	538,584	39,867	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	9,643	714	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	93,166	6,896	0	0	0	22.00
23.00	Imaging Services	9,364	693	0	0	0	23.00
24.00	Labs and Diagnostics	10,945	810	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	571,285	42,288	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,987,469	517,226	43,612	0	139,935	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	IU LEASED SPACE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING - UNIVERSITY	HOUSEKEEPING - RILEY	
		7.01	8.00	9.00	9.01	9.02	
1.00	Administrative and General	0	0	0	1,840	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	1,840	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	HOUSEKEEPING - METHODIST	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.03	10.00	11.00	12.00	13.00	
1.00	Administrative and General	24,187	47,419	15,378	0	248,180	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	24,187	47,419	15,378	0	248,180	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
		14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	46,782	0	29,495	26,803	8,218	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	46,782	0	29,495	26,803	8,218	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	PARAMED ED HEALTH SCIENCES	PARAMED RADIOLOGY-METHODIST	PARAMED RESPIRATORY THERAPY	PARAMED EMERGENCY	PARAMED PASTORAL EDUCATION	
		23.01	23.02	23.03	23.04	23.05	
1.00	Administrative and General	0	0	0	0	2,595	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	2,595	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	PARAMED LAB SCIENCE PRO	PARAMED PHARMACY	PARAMED MEDICAL ASSIST	PARAMED SURGERY TECHNOLOGY	PARAMED PHARMACY TECH	
		23.06	23.07	23.08	23.09	23.10	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	PARAMED NEUROPHYSIOLOGY	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		23.11	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	2,029,767				1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	219,883	0	219,883	73,053	4.00
5.00	Nursing Care	0	3,858,901	0	3,858,901	1,282,077	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	706,333	0	706,333	234,671	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	578,451	0	578,451	192,183	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	10,357	0	10,357	3,441	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	100,062	0	100,062	33,244	22.00
23.00	Imaging Services	0	10,057	0	10,057	3,341	23.00
24.00	Labs and Diagnostics	0	11,755	0	11,755	3,905	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	613,573	0	613,573	203,852	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	8,139,139	0	8,139,139		34.00
35.00	Unit Cost Multiplier (see instructions)					0.332238	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part I
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	Total Hospice Costs (cols. 26 ± 27)		
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	292,936		4.00
5.00	Nursing Care	5,140,978		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	941,004		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	770,634		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	13,798		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	133,306		22.00
23.00	Imaging Services	13,398		23.00
24.00	Labs and Diagnostics	15,660		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	817,425		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	8,139,139		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	
		1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	6,697	6,697	44,649	3,709,354	42	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,697	6,697	44,649	3,709,354	42	34.00
35.00	Total cost to be allocated	63,314	0	62,425	853,882	488	35.00
36.00	Unit Cost Multiplier (see instructions)	9.454084	0.000000	1.398128	0.230197	11.619048	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	DATA PROCESSING (PHONE LINES)	PURCHASING, RECEIVING, & STORES (COSTED REQ)	ADMITTING (INPATIENT CHARGES)	CASHIERING (TOTAL CHARGES)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	42	71,175	0	17,228,308	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	42	71,175	0	17,228,308		34.00
35.00	Total cost to be allocated	225,142	4,388	0	89,518		35.00
36.00	Unit Cost Multiplier (see instructions)	5,360.523810	0.061651	0.000000	0.005196		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	IU LEASED SPACE (SQUARE FEET)	
		5.06	6.00	6.03	7.00	7.01	
1.00	Administrative and General	1,299,157	6,697	0	6,697	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	204,729	0	0	0	0	4.00
5.00	Nursing Care	3,592,944	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	657,652	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	538,584	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	9,643	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	93,166	0	0	0	0	22.00
23.00	Imaging Services	9,364	0	0	0	0	23.00
24.00	Labs and Diagnostics	10,945	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	571,285	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,987,469	6,697	0	6,697	0	34.00
35.00	Total cost to be allocated	517,226	43,612	0	139,935	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.074022	6.512170	0.000000	20.895177	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING - UNIVERSITY (UH SQUARE FEET)	Hospice I HOUSEKEEPING - RILEY (RILEY SQUAREFEET)	HOUSEKEEPING - METHODIST (MH SQUARE FEET)	
		8.00	9.00	9.01	9.02	9.03	
1.00	Administrative and General	0	0	549	0	6,148	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	549	0	6,148	34.00
35.00	Total cost to be allocated	0	0	1,840	0	24,187	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	3.351548	0.000000	3.934125	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	2,919	66	0	28	71,175	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,919	66	0	28	71,175	34.00
35.00	Total cost to be allocated	47,419	15,378	0	248,180	46,782	35.00
36.00	Unit Cost Multiplier (see instructions)	16.244947	233.000000	0.000000	8,863.571429	0.657281	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (TOTAL CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	17,228,308	973	17,228,308	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	17,228,308	973	17,228,308	0	34.00
35.00	Total cost to be allocated	0	29,495	26,803	8,218	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.001712	27.546763	0.000477	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	PARAMED RADIOLOGY-METHODIST (ASSIGNED TIME)	PARAMED RESPIRATORY THERAPY (ASSIGNED TIME)	PARAMED EMERGENCY (ASSIGNED TIME)	PARAMED PASTORAL EDUCATION (PATIENT DAYS)	PARAMED LAB SCIENCE PRO (ASSIGNED TIME)	
		23.02	23.03	23.04	23.05	23.06	
1.00	Administrative and General	0	0	0	973	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	973	0	34.00
35.00	Total cost to be allocated	0	0	0	2,595	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	2.667009	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	PARAMED PHARMACY (COSTED REQUIS.)	PARAMED MEDICAL ASSIST (ASSIGNED TIME)	PARAMED SURGERY TECHNOLOGY (ASSIGNED TIME)	PARAMED PHARMACY TECH (ASSIGNED TIME)	PARAMED NEUROPHYSIOLOGY (ASSIGNED TIME)	
		23.07	23.08	23.09	23.10	23.11	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-5
Part III
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.252761	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.276510	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.511418	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.293816	0	0	4.00
4.01	RENAL-RILEY	73.01	0.000000	0	0	4.01
4.02	RENAL-ADULT	73.02	0.000000	0	0	4.02
4.03	OUTPATIENT RETAIL PHARMACY	73.03	0.205937	0	0	4.03
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00
6.00	LABORATORY	60.00	0.100445	0	0	6.00
6.01	TRANSPLANT IMMUNOLOGY	60.01	0.347622	0	0	6.01
6.02	BONE MARROW TRANSPLANT LAB	60.02	0.206188	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.304956	0	0	7.00
8.00	FAMILY PRACTICE	93.00	0.000000	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.123923	0	0	9.00
10.00	RH NBN ECMO IC	76.00	0.535763	0	0	10.00
10.01	CARDIOLOGY	76.01	0.147306	0	0	10.01
10.02	PSYCH OTHER ANCILLARY	76.02	0.304013	0	0	10.02
10.03	CARDIAC CATHERIZATION	76.03	0.139255	0	0	10.03
10.04	DAY SURGERY	76.04	1.171883	0	0	10.04
10.05	ONCOLOGY	76.05	0.000000	0	0	10.05
10.06	DAY SURGERY-RILEY	76.06	0.000000	0	0	10.06
10.07	CARDIOLOGY-RILEY	76.07	0.000000	0	0	10.07
10.08	ECMO-ADULT	76.08	0.282535	0	0	10.08
10.97	CARDIAC REHABILITATION	76.97	0.718585	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150056
Hospice CCN: 151511

Period:
From 01/01/2013
To 12/31/2013

Worksheet K-6
Date/Time Prepared:
6/1/2014 7:02 pm

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				8,139,139	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				48,309	2.00
3.00	Average cost per diem (line 1 divided by line 2)				168.48	3.00
4.00	Updupliated Medicare Days (Worksheet S-9, column 1, line 5)	36,970				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	6,228,706				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		4,428			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		746,029			7.00
8.00	Updupliated SNF Days (Worksheet S-9, column 3, line 5)	3,175				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	534,924				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			6,911		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			1,164,365		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150056	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 6/1/2014 7:02 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	12,507,109	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	529,313	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	869.14	3.00
4.00	Number of interns & residents (see instructions)	548.68	4.00
5.00	Indirect medical education percentage (see instructions)	19.50	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	2,438,886	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.87	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	36.13	8.00
9.00	Sum of lines 7 and 8	44.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.32	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	1,165,663	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	16,640,971	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

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

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2013 To 12/31/2013

Worksheet M-1
Date/Time Prepared: 6/1/2014 7:02 pm

FQHC I Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	878,650	7,097	885,747	0	885,747	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	75,512	0	75,512	0	75,512	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	793,490	0	793,490	0	793,490	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	40,104	0	40,104	0	40,104	7.00
8.00	Laboratory Technician	36,456	0	36,456	0	36,456	8.00
9.00	Other Facility Health Care Staff Costs	584,326	0	584,326	0	584,326	9.00
10.00	Subtotal (sum of lines 1-9)	2,408,538	7,097	2,415,635	0	2,415,635	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	120,041	120,041	0	120,041	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	13,163	13,163	0	13,163	18.00
19.00	Other Health Care Costs	0	85,767	85,767	0	85,767	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	218,971	218,971	0	218,971	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,408,538	226,068	2,634,606	0	2,634,606	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	162,321	162,321	0	162,321	29.00
30.00	Administrative Costs	755,400	1,210,917	1,966,317	0	1,966,317	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	755,400	1,373,238	2,128,638	0	2,128,638	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	3,163,938	1,599,306	4,763,244	0	4,763,244	32.00

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

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2013 To 12/31/2013

Worksheet M-1
Date/Time Prepared: 6/1/2014 7:02 pm

FQHC I Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	885,747		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	75,512		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	793,490		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	40,104		7.00
8.00	Laboratory Technician	0	36,456		8.00
9.00	Other Facility Health Care Staff Costs	0	584,326		9.00
10.00	Subtotal (sum of lines 1-9)	0	2,415,635		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11-13)	0	0		14.00
15.00	Medical Supplies	0	120,041		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	13,163		18.00
19.00	Other Health Care Costs	0	85,767		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	218,971		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,634,606		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	162,321		29.00
30.00	Administrative Costs	-314,513	1,651,804		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-314,513	1,814,125		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-314,513	4,448,731		32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2013 To 12/31/2013

Worksheet M-2
Date/Time Prepared: 6/1/2014 7:02 pm

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	FQHC I Cost Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	5.35	18,803	4,200	22,470		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.86	3,775	2,100	1,806		3.00
4.00	Subtotal (sum of lines 1-3)	6.21	22,578		24,276	24,276	4.00
5.00	Visiting Nurse	12.60	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.98	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	19.79	22,578			24,276	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)					2,634,606	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					2,634,606	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)					1,814,125	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,158,968	15.00
16.00	Total overhead (sum of lines 14 and 15)					2,973,093	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtract line 17 from line 16					2,973,093	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					2,973,093	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					5,607,699	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

Provider CCN: 150056
Component CCN: 151804

Period: From 01/01/2013 To 12/31/2013

Worksheet M-3
Date/Time Prepared: 6/1/2014 7:02 pm

Title XVIII | FQHC I | Cost

		1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES		
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)	5,607,699	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)	0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)	5,607,699	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)	24,276	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)	0	5.00
6.00	Total adjusted visits (line 4 plus line 5)	24,276	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)	231.00	7.00

		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	0.00	128.00	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	128.00	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	6,441	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	824,448	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		824,448	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		659,558	16.04
16.05	Total program cost (see instructions)		659,558	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		659,558	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		659,558	22.00
23.00	Allowable bad debts (see instructions)		3,277	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		2,884	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		111	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (see instructions)		662,442	26.00
26.01	Sequestration adjustment (see instructions)		10,003	26.01
27.00	Interim payments		650,101	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program line 26 minus lines 26.01, 27 and 28		2,338	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150056 Component CCN: 151804	Period: From 01/01/2013 To 12/31/2013	Worksheet M-5 Date/Time Prepared: 6/1/2014 7:02 pm

		FQHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		650,101	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
	Program to Provider			
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		650,101	4.00
	TO BE COMPLETED BY CONTRACTOR			
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
	Program to Provider			
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		2,338	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		652,439	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00