

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).
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

FORM APPROVED
 OMB NO. 0938-0050
 Worksheet S
 Parts I-III
 Date/Time Prepared:
 11/25/2013 3:37 pm

Provider CCN: 520098

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

PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

Date: 11/25/2013 Time: 3:37 pm

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED 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 UNIVERSITY OF WI HOSPITALS & CLINICS (520098) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 11/25/2013 Time: 3:37 pm
 lwvJF3:Gxt61LTG697IcnrohCbv6K0
 1Ck880FwNSjZGnsRKYEAZy.rt1j06q
 6Ex02KZxt0Litqu
 PI: Date: 11/25/2013 Time: 3:37 pm
 kaCTEB6T72F8nE8PjPrnQsZ2mh2Au0
 Kuet80T1pALVKeI1rQSFxKBD6xPE4N
 td3m0suE3X0P10gd

(Signed) Mike Bull
 Officer or Administrator of Provider(s)
 Title CFO
 Date 11/26/13

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	2,474,901	2,221,119	1,385,589	52,591,627 1.00
2.00	Subprovider - IPF	0	-9,865	0		0 2.00
3.00	Subprovider - IRF	0	-48,225	0		455,833 3.00
5.00	Swing bed - SNF	0	0	0		0 5.00
6.00	Swing bed - NF	0	0	0		0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0 9.00
12.00	CMHC I	0	0	0		0 12.00
200.00	Total	0	2,416,811	2,221,119	1,385,589	53,047,460 200.00

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.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/25/2013 3:37 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/25/2013 Time: 3:37 pm	
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION
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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,474,901	2,221,119	1,385,589	52,591,627	1.00
2.00 Subprovider - IPF	0	-9,865	0		0	2.00
3.00 Subprovider - IRF	0	-48,225	0		455,833	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	2,416,811	2,221,119	1,385,589	53,047,460	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: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/25/2013 3:35 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 600 HIGHLAND AVE	PO Box:	3.00 State: WI	Zip Code: 53792	County: DANE	1.00	2.00
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	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	UNIVERSITY OF WI HOSPITALS & CLINICS	520098	31540	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	UWHC - PSYCHIATRIC UNIT	52S098	31540	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	UWHC - REHABILITATION UNIT	52T098	31540	5	07/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	UWHC - HHA	527220	31540		03/13/1992	N	N	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2012	06/30/2013	20.00
21.00	Type of Control (see instructions)	10		21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					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 days	Medicaid HMO days	Other Medicaid days	
1.00	2.00	3.00	4.00	5.00	6.00		
24.00	10,443	6,465	904	1,190	1,182	0	24.00
25.00	418	334	0	42	94	0	25.00

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/25/2013 3:35 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20
				1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			Y	63.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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)		3.22	268.80	0.011837
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	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)	PEDIATRICS	5250	1.67	86.77
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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)		0.73	310.12	0.002348

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.82	41.68	0.019294	67.00
67.01		MEDICINE - GERIATRICS	1408	0.00	0.02	0.000000	67.01
67.02		DERMATOLOGY	1455	0.73	3.27	0.182500	67.02
67.03		OB/GYN	1750	0.00	8.25	0.000000	67.03
67.04		PEDIATRICS	2000	1.07	37.17	0.027981	67.04
67.05		PEDIATRICS - ENDOCRINOLOGY	2007	0.00	3.00	0.000000	67.05
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				Y	N 0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				Y	N 0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				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	Y	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

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		V	XIX			
		1.00	2.00			
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	163,428	307,518	0		
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/01/1977				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/24/1991				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.	03/08/1990				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/1966				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.	52P001				134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/25/2013 3:35 pm			
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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	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	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under 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)					0.50	169.00
						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)			07/01/2012	06/30/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet S-2 Part II Date/Time Prepared: 11/25/2013 3:35 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					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.	N					8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					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		10/31/2013	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: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/25/2013 3:35 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
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 relieved for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	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.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ADAM		KLUG	41.00
42.00	Enter the employer/company name of the cost report preparer.	UW HOSPITAL AND CLINICS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-890-7259		AKLUG@UWHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 520098

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

Worksheet S-2
Part II
Date/Time Prepared:
11/25/2013 3:35 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)	12/09/2011	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.	SENIOR REIMBURSEMENT ANALYST	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: 520098

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

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2013 3:35 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	399	145,635	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)		399	145,635	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 TRAUMA INTENSIVE CARE UNIT	31.01	24	8,760	0.00	0	8.01
8.02 CARDIOTHORACIC SURGERY ICU	31.02	8	2,920	0.00	0	8.02
8.03 CARDIAC INTENSIVE CARE UNIT	31.03	7	2,555	0.00	0	8.03
8.04 PEDIATRIC INTENSIVE CARE UNIT	31.04	21	7,665	0.00	0	8.04
8.05 NEURO INTENSIVE CARE UNIT	31.05	16	5,840	0.00	0	8.05
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	7	2,555	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		482	175,930	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,570		0	16.00
17.00 SUBPROVIDER - IRF	41.00	21	7,665		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		521				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 520098

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

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2013 3:35 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	41,080	10,443	108,937			1.00
2.00 HMO and other (see instructions)	9,205	9,741				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	470				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	41,080	10,443	108,937			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
8.01 TRAUMA INTENSIVE CARE UNIT	2,614	0	7,781			8.01
8.02 CARDIOTHORACIC SURGERY ICU	684	0	2,036			8.02
8.03 CARDIAC INTENSIVE CARE UNIT	576	0	1,714			8.03
8.04 PEDIATRIC INTENSIVE CARE UNIT	13	0	5,339			8.04
8.05 NEURO INTENSIVE CARE UNIT	1,684	0	5,012			8.05
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	90	0	1,933			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	46,741	10,443	132,752	382.29	6,413.11	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,938	0	5,095	2.85	26.81	16.00
17.00 SUBPROVIDER - IRF	1,716	418	5,653	1.53	33.28	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	13,318	0	21,106	0.00	41.01	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			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						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				386.67	6,514.21	27.00
28.00 Observation Bed Days		441	5,571			28.00
29.00 Ambulance Trips	237					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 520098

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

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2013 3:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,959	2,116	26,589	1.00
2.00	HMO and other (see instructions)			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	TRAUMA INTENSIVE CARE UNIT						8.01
8.02	CARDIOTHORACIC SURGERY ICU						8.02
8.03	CARDIAC INTENSIVE CARE UNIT						8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT						8.04
8.05	NEURO INTENSIVE CARE UNIT						8.05
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	9,959	2,116	26,589	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	288	0	1,072	16.00
17.00	SUBPROVIDER - IRF	0.00	0	138	2	449	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	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						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520098

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

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2013 3:36 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	428,912,510	257,015	429,169,525	13,549,556.00	31.67
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	22,857,452	0	22,857,452	831,812.00	27.48
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		28,400,787	782,467	29,183,254	812,161.00	35.93
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		5,779,099	0	5,779,099	102,817.00	56.21
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		17,160,985	0	17,160,985	116,992.00	146.69
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		2,565,624	0	2,565,624	44,986.00	57.03
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		149,389,817	0	149,389,817		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		11,234,583	0	11,234,583		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		9,041,790	0	9,041,790		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	4,872,663	130,376	5,003,039	146,533.00	34.14
27.00	Administrative & General	5.00	48,736,754	-169,606	48,567,148	1,378,560.00	35.23
28.00	Administrative & General under contract (see inst.)		641,870	0	641,870	3,507.00	183.03
29.00	Maintenance & Repairs	6.00	8,280,956	14	8,280,970	259,601.00	31.90
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	51,415	0	51,415	3,565.00	14.42
32.00	Housekeeping	9.00	8,491,868	0	8,491,868	543,275.00	15.63
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	6,508,108	-1,056,190	5,451,918	370,227.00	14.73
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	15,788,338	0	15,788,338	380,016.00	41.55
39.00	Central Services and Supply	14.00	6,261,829	-2,280,414	3,981,415	358,357.00	11.11
40.00	Pharmacy	15.00	19,430,882	0	19,430,882	512,092.00	37.94
41.00	Medical Records & Medical Records Library	16.00	9,377,999	0	9,377,999	398,504.00	23.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520098

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

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	788,547	0	788,547	25,013.00	31.53	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520098

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

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2013 3:36 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	406,696,928	257,015	406,953,943	12,721,251.00	31.99	1.00
2.00	Excluded area salaries (see instructions)	28,400,787	782,467	29,183,254	812,161.00	35.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	378,296,141	-525,452	377,770,689	11,909,090.00	31.72	3.00
4.00	Subtotal other wages & related costs (see inst.)	22,940,084	0	22,940,084	219,809.00	104.36	4.00
5.00	Subtotal wage-related costs (see inst.)	149,389,817	0	149,389,817	0.00	39.55	5.00
6.00	Total (sum of lines 3 thru 5)	550,626,042	-525,452	550,100,590	12,128,899.00	45.35	6.00
7.00	Total overhead cost (see instructions)	129,231,229	-3,375,820	125,855,409	4,379,250.00	28.74	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2013 3:36 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)		47,454,778	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		79,952,620	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		316,515	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)		395,532	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		3,363,841	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		3,564,450	16.00
TAXES				
17.00	FICA-Employers Portion Only		31,520,047	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		421,668	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		1,018,597	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		1,658,142	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		169,666,190	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: 520098

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

Worksheet S-3
Part V
Date/Time Prepared:
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	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			14.00
15.00	Hospital-Based Health Clinic FQHC			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: 520098 Component CCN: 527220		Period: From 07/01/2012 To 06/30/2013		Worksheet S-4 Date/Time Prepared: 11/25/2013 3:36 pm	
				Home Health Agency I			
				1.00			
0.00	County			DANE		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	1,014	0	97	1,111	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	641.00	0.00	644.00	1,285.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.10	0.00	0.10	4.00
5.00	Other Administrative Personnel			4.59	0.00	4.59	5.00
6.00	Direct Nursing Service			22.64	0.00	22.64	6.00
7.00	Nursing Supervisor			0.90	0.00	0.90	7.00
8.00	Physical Therapy Service			7.69	0.00	7.69	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.24	0.00	2.24	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.03	0.00	0.03	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.75	0.00	0.75	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.97	0.00	1.97	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	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.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	31540					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,053	1,663	195	156	8,067	21.00
22.00	Skilled Nursing Visit Charges	1,430,717	394,842	47,957	36,876	1,910,392	22.00
23.00	Physical Therapy Visits	2,960	78	123	67	3,228	23.00
24.00	Physical Therapy Visit Charges	707,988	18,680	30,808	16,013	773,489	24.00
25.00	Occupational Therapy Visits	759	9	4	18	790	25.00
26.00	Occupational Therapy Visit Charges	182,684	2,151	956	4,340	190,131	26.00
27.00	Speech Pathology Visits	14	0	0	0	14	27.00
28.00	Speech Pathology Visit Charges	3,893	0	0	0	3,893	28.00
29.00	Medical Social Service Visits	195	3	3	4	205	29.00
30.00	Medical Social Service Visit Charges	55,295	841	855	1,140	58,131	30.00
31.00	Home Health Aide Visits	874	106	1	33	1,014	31.00
32.00	Home Health Aide Visit Charges	107,788	13,048	124	4,092	125,052	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,855	1,859	326	278	13,318	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)	2,488,365	429,562	80,700	62,461	3,061,088	35.00
36.00	Total Number of Episodes (standard/non outlier)	674		125	11	810	36.00
37.00	Total Number of Outlier Episodes		40		3	43	37.00
38.00	Total Non-Routine Medical Supply Charges	88,361	48,103	2,367	2,911	141,742	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/25/2013 3:36 pm
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				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)			0.379978	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			57,152,884	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			243,434,826	6.00	
7.00	Medicaid cost (line 1 times line 6)			92,499,878	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)			35,346,994	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			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)			35,346,994	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			42,885,498	92,947,390	135,832,888
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			16,295,546	35,317,963	51,613,509
22.00	Partial payment by patients approved for charity care			127,867	405,382	533,249
23.00	Cost of charity care (line 21 minus line 22)			16,167,679	34,912,581	51,080,260
				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
26.00	Total bad debt expense for the entire hospital complex (see instructions)					26,137,000
27.00	Medicare bad debts for the entire hospital complex (see instructions)					2,736,183
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)					23,400,817
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					8,891,796
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)					59,972,056
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					95,319,050

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet A Date/Time Prepared: 11/25/2013 3:35 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01 00109	CAP REL COSTS-RESEARCH PARK	0	0	728,193	728,193	728,193	1.01
1.02 00102	CAP REL COSTS- WEST CLINIC	0	0	543,101	543,101	543,101	1.02
1.03 00103	CAP REL COSTS- EAST CLINIC	0	0	423,982	423,982	423,982	1.03
1.04 00104	CAP REL COSTS- 600 HIGHLAND	0	0	29,210,827	29,210,827	29,210,827	1.04
1.05 00105	CAP REL COSTS- WAISSMAN	0	0	0	0	0	1.05
1.06 00106	CAP REL COSTS- USTATION	0	0	654,479	654,479	654,479	1.06
1.07 00107	CAP REL COSTS- EXCELSIOR 8007	0	0	652,126	652,126	652,126	1.07
1.08 00101	CAP REL COSTS- EXCELSIOR 8501	0	0	266,860	266,860	266,860	1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00 00300	OTHER CAP REL COSTS	0	0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,872,663	4,856,617	9,729,280	186,120	9,915,400	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	48,736,754	209,887,616	258,624,370	-36,096,285	222,528,085	5.00
6.00 00600	MAINTENANCE & REPAIRS	8,280,956	23,324,961	31,605,917	-323	31,605,594	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	51,415	89,214	140,629	3,931,676	4,072,305	8.00
9.00 00900	HOUSEKEEPING	8,491,868	7,011,893	15,503,761	-199,487	15,304,274	9.00
10.00 01000	DIETARY	6,508,108	9,895,313	16,403,421	-1,792,404	14,611,017	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	15,788,338	8,477,390	24,265,728	-3,059	24,262,669	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,261,829	6,250,553	12,512,382	-5,305,077	7,207,305	14.00
15.00 01500	PHARMACY	19,430,882	135,481,511	154,912,393	-126,040,562	28,871,831	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,377,999	5,964,690	15,342,689	0	15,342,689	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 01851	HISTOCOMPATIBILITY LAB	788,547	1,868,200	2,656,747	-979	2,655,768	18.01
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	22,857,452	5,837,805	28,695,257	2,542,160	31,237,417	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301	PHARMACY PROGRAM	752,742	296,679	1,049,421	0	1,049,421	23.01
23.02 02302	EMERGENCY MED PROGRAM	563,682	289,028	852,710	0	852,710	23.02
23.03 02303	DIETARY PROGRAM	59,780	79,681	139,461	0	139,461	23.03
23.04 02304	RADIOLOGIC TECHNOLOGIST	418,869	98,905	517,774	-33	517,741	23.04
23.05 02305	ULTRASOUND TECHNOLOGIST	411,589	130,066	541,655	-952	540,703	23.05
23.06 02306	RADIOTHERAPY TECHNOLOGIST	58,672	-6,877	51,795	0	51,795	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	56,582,486	31,130,944	87,713,430	815,464	88,528,894	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02180	TRAUMA INTENSIVE CARE UNIT	7,604,238	6,186,685	13,790,923	-220,408	13,570,515	31.01
31.02 03101	CARDIOTHORACIC SURGERY ICU	5,292,135	3,448,300	8,740,435	-351,669	8,388,766	31.02
31.03 03102	CARDIAC INTENSIVE CARE UNIT	1,996,640	1,133,524	3,129,933	-24,955	3,104,978	31.03
31.04 02080	PEDIATRIC INTENSIVE CARE UNIT	5,807,646	3,184,548	8,992,194	-65,715	8,926,479	31.04
31.05 03103	NEURO INTENSIVE CARE UNIT	4,614,641	3,602,568	8,217,209	-48,561	8,168,648	31.05
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	2,296,152	1,431,613	3,727,765	-60,362	3,667,403	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	2,173,526	976,018	3,149,544	-7,076	3,142,468	40.00
41.00 04100	SUBPROVIDER - IRF	2,308,066	1,328,713	3,636,779	-9,773	3,627,006	41.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	21,007,927	66,750,800	87,758,727	-24,578,770	63,179,957	50.00
51.00 05100	RECOVERY ROOM	6,903,132	4,061,992	10,965,124	-52,409	10,912,715	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	1,428,854	5,838,749	7,267,603	-45,257	7,222,346	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,260,346	17,222,425	30,482,771	-1,465,666	29,017,105	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,803,647	3,025,160	5,828,807	-6,938	5,821,869	55.00
56.00 05600	RADIOISOTOPE	1,232,693	2,933,802	4,166,495	5,419	4,171,914	56.00
57.00 05700	CT SCAN	1,912,922	2,906,765	4,819,687	-1,448	4,818,239	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,223,637	4,037,062	6,260,699	-14,507	6,246,192	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01 05901	CARDIAC REHABILITATION	701,900	247,272	949,172	-50	949,122	59.01
60.00 06000	LABORATORY	15,121,992	32,544,550	47,666,542	-2,939,155	44,727,387	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	7,369,355	7,392,356	14,761,711	16,727	14,778,438	65.00
65.01 03550	NEUROPSYCH TESTING	287,010	190,210	477,220	-2	477,218	65.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
66.00	06600	PHYSICAL THERAPY	13,819,499	7,606,753	21,426,252	-25,231	21,401,021	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	6,017,355	17,127,503	23,144,858	-3,396,015	19,748,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,078,837	678,188	1,757,025	-3,875	1,753,150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,316,347	1,316,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,243,306	34,243,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	126,028,140	126,028,140	73.00
74.00	07400	RENAL DIALYSIS	1,590,534	1,137,253	2,727,787	17,423	2,745,210	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	333,777	165,694	499,471	5,067	504,538	75.01
75.02	03540	ORTHOTICS LAB	739,697	992,434	1,732,131	-601	1,731,530	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,755,985	2,189,208	5,945,193	22	5,945,215	90.00
90.01	09001	CLINIC CSC	28,872,444	18,649,447	47,521,891	-78,267	47,443,624	90.01
90.02	09002	CLINIC UNIVERSITY STATION	6,157,067	3,807,660	9,964,727	-5,073	9,959,654	90.02
90.03	09003	CLINIC WAI SMAN	1,056,774	316,919	1,373,693	-120	1,373,573	90.03
90.04	09004	CLINIC WEST	10,202,172	6,190,883	16,393,055	1,439,765	17,832,820	90.04
90.05	09005	CLINIC EAST	5,356,263	3,270,574	8,626,837	-10,721	8,616,116	90.05
90.06	09006	CLINIC RESEARCH PARK	1,769,625	1,988,081	3,757,706	-1,403	3,756,303	90.06
90.07	09007	CLINIC DHC	2,536,855	2,220,257	4,757,112	-1,452,438	3,304,674	90.07
91.00	09100	EMERGENCY	7,330,906	4,609,371	11,940,277	-58,917	11,881,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,074,265	1,289,110	3,363,375	-3,987	3,359,388	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
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	3,156,222	1,538,134	4,694,356	-7	4,694,349	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,951,196	6,932,587	13,883,783	-6,556,038	7,327,745	105.00
106.00	10600	HEART ACQUISITION	736,596	309,394	1,045,990	-163,557	882,433	106.00
107.00	10700	LIVER ACQUISITION	0	1,056,413	1,056,413	2,113,934	3,170,347	107.00
108.00	10800	LUNG ACQUISITION	0	1,131,537	1,131,537	1,137,055	2,268,592	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,131,449	1,131,449	939,653	2,071,102	109.00
110.00	11000	INTESTINAL ACQUISITION	0	2,342	2,342	0	2,342	110.00
111.00	11100	ISLET ACQUISITION	0	54,473	54,473	0	54,473	111.00
112.00	08600	POST TRANSPLANT	0	0	0	4,121,367	4,121,367	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	420,176,928	703,802,965	1,123,979,893	251,081	1,124,230,974	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	152,489	406,120	558,609	-7	558,602	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	2,175,255	2,351,916	4,527,171	-245,976	4,281,195	194.01
194.02	07952	CLINICAL RESEARCH CENTER	1,766,785	770,633	2,537,418	-4,421	2,532,997	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	-1	-1	194.03
194.04	07954	COMMUNICATION AIDS	19,215	407,654	426,869	0	426,869	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,285,201	44,353	1,329,554	-676	1,328,878	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	8	8	0	8	194.06
194.07	07957	PUBLIC AFFAIRS	1,829,957	5,157,707	6,987,664	0	6,987,664	194.07
194.08	07958	RETAIL PHARMACIES	1,506,680	14,615,867	16,122,547	0	16,122,547	194.08
200.00		TOTAL (SUM OF LINES 118-199)	428,912,510	727,557,223	1,156,469,733	0	1,156,469,733	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520098

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

Worksheet A
Date/Time Prepared:
11/25/2013 3:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	0	728,193	1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	543,101	1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	423,982	1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	-11,281,945	17,928,882	1.04
1.05	00105	CAP REL COSTS- WAI SMAN	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	206,162	860,641	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	652,126	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	266,860	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,915,400	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-19,767,473	202,760,612	5.00
6.00	00600	MAINTENANCE & REPAIRS	11,661,224	43,266,818	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-315,390	3,756,915	8.00
9.00	00900	HOUSEKEEPING	0	15,304,274	9.00
10.00	01000	DIETARY	-8,020,615	6,590,402	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	24,262,669	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,207,305	14.00
15.00	01500	PHARMACY	0	28,871,831	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,342,689	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	2,655,768	18.01
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	0	31,237,417	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	1,049,421	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	852,710	23.02
23.03	02303	DIETARY PROGRAM	-4,500	134,961	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	517,741	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	540,703	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	51,795	23.06
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	88,528,894	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	13,570,515	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	8,388,766	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	3,104,978	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	8,926,479	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	8,168,648	31.05
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,667,403	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	3,142,468	40.00
41.00	04100	SUBPROVIDER - I RF	0	3,627,006	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	63,179,957	50.00
51.00	05100	RECOVERY ROOM	0	10,912,715	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,222,346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,017,105	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,821,869	55.00
56.00	05600	RADIOISOTOPE	0	4,171,914	56.00
57.00	05700	CT SCAN	0	4,818,239	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,246,192	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	949,122	59.01
60.00	06000	LABORATORY	0	44,727,387	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	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	14,778,438	65.00
65.01	03550	NEUROPSYCH TESTING	0	477,218	65.01
66.00	06600	PHYSICAL THERAPY	0	21,401,021	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520098

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

Worksheet A
Date/Time Prepared:
11/25/2013 3:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,748,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,753,150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,316,347	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,243,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	126,028,140	73.00
74.00	07400	RENAL DIALYSIS	0	2,745,210	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	504,538	75.01
75.02	03540	ORTHOTICS LAB	0	1,731,530	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	5,945,215	90.00
90.01	09001	CLINIC CSC	0	47,443,624	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	9,959,654	90.02
90.03	09003	CLINIC WAISSMAN	0	1,373,573	90.03
90.04	09004	CLINIC WEST	0	17,832,820	90.04
90.05	09005	CLINIC EAST	0	8,616,116	90.05
90.06	09006	CLINIC RESEARCH PARK	0	3,756,303	90.06
90.07	09007	CLINIC DHC	0	3,304,674	90.07
91.00	09100	EMERGENCY	0	11,881,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	3,359,388	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
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	0	4,694,349	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	600,028	7,927,773	105.00
106.00	10600	HEART ACQUISITION	817,633	1,700,066	106.00
107.00	10700	LIVER ACQUISITION	345,082	3,515,429	107.00
108.00	10800	LUNG ACQUISITION	279,072	2,547,664	108.00
109.00	10900	PANCREAS ACQUISITION	36,203	2,107,305	109.00
110.00	11000	INTESTINAL ACQUISITION	0	2,342	110.00
111.00	11100	ISLET ACQUISITION	0	54,473	111.00
112.00	08600	POST TRANSPLANT	0	4,121,367	112.00
112.01	08601	PRE TRANSPLANT	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	112.02
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	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,444,519	1,098,786,455	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	558,602	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	4,281,195	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	2,532,997	194.02
194.03	07953	FAMILY MEDICINE	123,216	123,215	194.03
194.04	07954	COMMUNICATION AIDS	0	426,869	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	1,328,878	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	-8	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	6,987,664	194.07
194.08	07958	RETAIL PHARMACIES	0	16,122,547	194.08
200.00		TOTAL (SUM OF LINES 118-199)	-25,321,311	1,131,148,422	200.00

RECLASSIFICATIONS

Provider CCN: 520098

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PROPERTY INSURANCE					
1.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	654,555	1.00
	TOTALS		0	654,555	
B - MEDICAL SUPPLIES SOLD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,316,347	1.00
	TOTALS		0	1,316,347	
C - DRUGS SOLD TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	126,028,140	1.00
	TOTALS		0	126,028,140	
D - REPROCESSING COSTS DEPT 1213					
1.00	TRAUMA INTENSIVE CARE UNIT	31.01	3,866	3,009	1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	1,933	1,504	2.00
3.00	CARDIOTHORACIC SURGERY ICU	31.02	3,866	3,009	3.00
4.00	CARDIAC INTENSIVE CARE UNIT	31.03	1,933	1,504	4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	3,866	3,009	5.00
6.00	NEURO INTENSIVE CARE UNIT	31.05	3,866	3,009	6.00
7.00	SUBPROVIDER - IPF	40.00	3,866	3,009	7.00
8.00	SUBPROVIDER - IRF	41.00	19,330	15,045	8.00
9.00	OPERATING ROOM	50.00	1,159,792	902,693	9.00
10.00	RESPIRATORY THERAPY	65.00	19,330	15,045	10.00
11.00	CLINIC CSC	90.01	286,082	222,664	11.00
12.00	CLINIC WEST	90.04	19,330	15,045	12.00
13.00	EMERGENCY	91.00	38,660	30,090	13.00
	TOTALS		1,565,720	1,218,635	
E - PATIENT ESCORT TRIPS					
1.00	ADMINISTRATIVE & GENERAL	5.00	448	251	1.00
2.00	MAINTENANCE & REPAIRS	6.00	14	8	2.00
3.00	ADULTS & PEDIATRICS	30.00	313,270	175,583	3.00
4.00	TRAUMA INTENSIVE CARE UNIT	31.01	24,579	13,776	4.00
5.00	CARDIOTHORACIC SURGERY ICU	31.02	15,271	8,559	5.00
6.00	CARDIAC INTENSIVE CARE UNIT	31.03	3,513	1,969	6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	1,358	761	7.00
8.00	NEURO INTENSIVE CARE UNIT	31.05	10,162	5,696	8.00
9.00	BURN INTENSIVE CARE UNIT	33.00	938	526	9.00
10.00	SUBPROVIDER - IPF	40.00	882	494	10.00
11.00	SUBPROVIDER - IRF	41.00	3,709	2,079	11.00
12.00	OPERATING ROOM	50.00	5,683	3,185	12.00
13.00	RECOVERY ROOM	51.00	1,764	988	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	152,443	85,442	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	14,809	8,300	15.00
16.00	RADIOISOTOPE	56.00	3,681	2,063	16.00
17.00	CT SCAN	57.00	24,691	13,839	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	19,134	10,724	18.00
19.00	LABORATORY	60.00	14	8	19.00
20.00	ELECTROCARDIOLOGY	69.00	41,991	23,535	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	42	24	21.00
22.00	RENAL DIALYSIS	74.00	18,196	10,199	22.00
23.00	PULMONARY FUNCTION TESTING	75.01	3,275	1,836	23.00
24.00	CLINIC	90.00	14	8	24.00
25.00	CLINIC CSC	90.01	33,369	18,703	25.00
26.00	EMERGENCY	91.00	21,304	11,940	26.00
27.00	CLINICAL RESEARCH CENTER	194.02	140	78	27.00
	TOTALS		714,694	400,574	
F - BUILDING DEPRECIATION AND INTEREST					
1.00	CAP REL COSTS-RESEARCH PARK	1.01	0	728,193	1.00
2.00	CAP REL COSTS- WEST CLINIC	1.02	0	543,101	2.00
3.00	CAP REL COSTS- EAST CLINIC	1.03	0	423,982	3.00
4.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	28,556,272	4.00
5.00	CAP REL COSTS- USTATION	1.06	0	654,479	5.00
6.00	CAP REL COSTS- EXCELSIOR 8007	1.07	0	652,126	6.00
7.00	CAP REL COSTS- EXCELSIOR 8501	1.08	0	266,860	7.00
	TOTALS		0	31,825,013	
G - MEDICAL FACULTY COSTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,565,624	1.00
	TOTALS		0	2,565,624	

RECLASSIFICATIONS

Provider CCN: 520098

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - EMPLOYEE WELLNESS					
1.00	EMPLOYEE BENEFITS	4.00	130,376	55,745	1.00
	TOTALS		130,376	55,745	
I - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,976,924	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
	TOTALS		0	3,976,924	
J - HOME AND CLINICAL NUTRITION					
1.00	ADULTS & PEDIATRICS	30.00	978,617	361,691	1.00
2.00	CLINIC CSC	90.01	77,573	350,439	2.00
	TOTALS		1,056,190	712,130	
K - OPO COSTS					
1.00	OPO ADMINISTRATIVE COSTS	112.02	2,875,245	2,336,988	1.00
2.00	PRE TRANSPLANT	112.01	4,075,950	2,268,735	2.00
3.00	PRE TRANSPLANT	112.01	736,596	335,778	3.00
4.00	POST TRANSPLANT	112.00	2,144,105	1,193,441	4.00
5.00	POST TRANSPLANT	112.00	506,724	230,990	5.00
6.00	KIDNEY ACQUISITION	105.00	1,333,525	742,260	6.00
7.00	LIVER ACQUISITION	107.00	537,408	299,129	7.00
8.00	PANCREAS ACQUISITION	109.00	60,912	33,905	8.00
9.00	HEART ACQUISITION	106.00	75,764	34,537	9.00
10.00	LUNG ACQUISITION	108.00	154,109	70,251	10.00

RECLASSIFICATIONS

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	KIDNEY ACQUISITION	105.00	1,271,560	1,033,520	11.00
12.00	HEART ACQUISITION	106.00	289,422	235,241	12.00
13.00	LIVER ACQUISITION	107.00	536,143	435,775	13.00
14.00	LUNG ACQUISITION	108.00	403,293	327,795	14.00
15.00	PANCREAS ACQUISITION	109.00	374,826	304,657	15.00
	TOTALS		15,375,582	9,883,002	
L - DEFERRED COMP					
1.00	ADMINISTRATIVE & GENERAL	5.00	257,015	0	1.00
	TOTALS		257,015	0	
M - DHC CLINIC					
1.00	CLINIC WEST	90.04	946,260	490,655	1.00
	TOTALS		946,260	490,655	
N - TRANSPLANT RECLASS- OTHER					
1.00	POST TRANSPLANT	112.00	293	128	1.00
2.00	KIDNEY ACQUISITION	105.00	70,265	194,784	2.00
3.00	HEART ACQUISITION	106.00	8,335	53,874	3.00
4.00	LIVER ACQUISITION	107.00	35,839	121,173	4.00
5.00	LUNG ACQUISITION	108.00	27,921	107,691	5.00
6.00	PANCREAS ACQUISITION	109.00	12,314	53,565	6.00
7.00	POST TRANSPLANT	112.00	33,603	12,083	7.00
8.00	HEART ACQUISITION	106.00	127,261	45,762	8.00
	TOTALS		315,831	589,060	
O - FAMILY MEDICINE					
1.00	FAMILY MEDICINE	194.03	82,809	0	1.00
2.00	CLINIC RESEARCH PARK	90.06	0	82,810	2.00
	TOTALS		82,809	82,810	
P - TRANSPLANT CLINIC					
1.00	KIDNEY ACQUISITION	105.00	124,780	62,900	1.00
2.00	LIVER ACQUISITION	107.00	52,612	26,521	2.00
3.00	PANCREAS ACQUISITION	109.00	36,782	18,541	3.00
	TOTALS		214,174	107,962	
Q - PATIENT ACCOUNTING TRANS BILLING					
1.00	KIDNEY ACQUISITION	105.00	25,451	10,990	1.00
2.00	HEART ACQUISITION	106.00	5,793	2,502	2.00
3.00	LIVER ACQUISITION	107.00	10,731	4,634	3.00
4.00	LUNG ACQUISITION	108.00	8,072	3,486	4.00
5.00	PANCREAS ACQUISITION	109.00	7,502	3,240	5.00
	TOTALS		57,549	24,852	
R - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	34,243,306	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	34,243,306	
S - TRANSPLANT FELLOWS					
1.00	KIDNEY ACQUISITION	105.00	99,294	31,774	1.00
2.00	HEART ACQUISITION	106.00	22,974	7,352	2.00
3.00	LIVER ACQUISITION	107.00	40,886	13,083	3.00
4.00	LUNG ACQUISITION	108.00	26,089	8,348	4.00
5.00	PANCREAS ACQUISITION	109.00	25,310	8,099	5.00
	TOTALS		214,553	68,656	
500.00	Grand Total: Increases		20,930,753	214,243,990	500.00

RECLASSIFICATIONS

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Period:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	654,555	12		1.00
	TOTALS		0	654,555			
B - MEDICAL SUPPLIES SOLD TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,316,347	0		1.00
	TOTALS		0	1,316,347			
C - DRUGS SOLD TO PATIENTS							
1.00	PHARMACY	15.00	0	126,028,140	0		1.00
	TOTALS		0	126,028,140			
D - REPROCESSING COSTS DEPT 1213							
1.00	CENTRAL SERVICES & SUPPLY	14.00	1,565,720	1,218,635	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	TOTALS		1,565,720	1,218,635			
E - PATIENT ESCORT TRIPS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	714,694	400,574	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
	TOTALS		714,694	400,574			
F - BUILDING DEPRECIATION AND INTEREST							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,825,013	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
	TOTALS		0	31,825,013			
G - MEDICAL FACULTY COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,565,624	0		1.00
	TOTALS		0	2,565,624			
H - EMPLOYEE WELLNESS							
1.00	OTHER AUXILIARY SERVICES	194.01	130,376	55,745	0		1.00
	TOTALS		130,376	55,745			
I - LAUNDRY COSTS							
1.00	EMPLOYEE BENEFITS	4.00	0	1	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	345	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	45,248	0		3.00
4.00	HOUSEKEEPING	9.00	0	199,487	0		4.00
5.00	DIETARY	10.00	0	24,084	0		5.00

RECLASSIFICATIONS

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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
6.00	NURSING ADMINISTRATION	13.00	0	3,059	0			6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	55,349	0			7.00
8.00	PHARMACY	15.00	0	12,422	0			8.00
9.00	HISTOCOMPATIBILITY LAB	18.01	0	979	0			9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	23,464	0			10.00
11.00	RADIOLOGIC TECHNOLOGIST	23.04	0	33	0			11.00
12.00	ULTRASOUND TECHNOLOGIST	23.05	0	952	0			12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,013,697	0			13.00
14.00	TRAUMA INTENSIVE CARE UNIT	31.01	0	265,638	0			14.00
15.00	CARDIOTHORACIC SURGERY ICU	31.02	0	71,781	0			15.00
16.00	CARDIAC INTENSIVE CARE UNIT	31.03	0	33,874	0			16.00
17.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	0	74,709	0			17.00
18.00	NEURO INTENSIVE CARE UNIT	31.05	0	71,294	0			18.00
19.00	BURN INTENSIVE CARE UNIT	33.00	0	65,263	0			19.00
20.00	SUBPROVIDER - IPF	40.00	0	15,327	0			20.00
21.00	SUBPROVIDER - IRF	41.00	0	49,936	0			21.00
22.00	OPERATING ROOM	50.00	0	1,005,930	0			22.00
23.00	RECOVERY ROOM	51.00	0	55,161	0			23.00
24.00	ANESTHESIOLOGY	53.00	0	36,133	0			24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	148,457	0			25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	28,454	0			26.00
27.00	RADIOISOTOPE	56.00	0	325	0			27.00
28.00	CT SCAN	57.00	0	39,978	0			28.00
29.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	44,365	0			29.00
30.00	CARDIAC REHABILITATION	59.01	0	50	0			30.00
31.00	LABORATORY	60.00	0	3,095	0			31.00
32.00	RESPIRATORY THERAPY	65.00	0	766	0			32.00
33.00	NEUROPSYCH TESTING	65.01	0	2	0			33.00
34.00	PHYSICAL THERAPY	66.00	0	25,231	0			34.00
35.00	ELECTROCARDIOLOGY	69.00	0	83,112	0			35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,941	0			36.00
37.00	RENAL DIALYSIS	74.00	0	10,972	0			37.00
38.00	PULMONARY FUNCTION TESTING	75.01	0	44	0			38.00
39.00	ORTHOTICS LAB	75.02	0	601	0			39.00
40.00	CLINIC CSC	90.01	0	168,694	0			40.00
41.00	CLINIC UNIVERSITY STATION	90.02	0	5,073	0			41.00
42.00	CLINIC WISMAN	90.03	0	120	0			42.00
43.00	CLINIC WEST	90.04	0	31,525	0			43.00
44.00	CLINIC EAST	90.05	0	10,721	0			44.00
45.00	CLINIC RESEARCH PARK	90.06	0	1,404	0			45.00
46.00	CLINIC DHC	90.07	0	15,523	0			46.00
47.00	EMERGENCY	91.00	0	160,911	0			47.00
48.00	AMBULANCE SERVICES	95.00	0	3,987	0			48.00
49.00	HOME HEALTH AGENCY	101.00	0	7	0			49.00
50.00	KIDNEY ACQUISITION	105.00	0	223	0			50.00
51.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	7	0			51.00
52.00	OTHER AUXILIARY SERVICES	194.01	0	59,855	0			52.00
53.00	CLINICAL RESEARCH CENTER	194.02	0	4,639	0			53.00
54.00	INVESTIGATIONAL PHARMACY	194.05	0	676	0			54.00
TOTALS			0	3,976,924				
J - HOME AND CLINICAL NUTRITION								
1.00	DIETARY	10.00	1,056,190	712,130	0			1.00
2.00		0.00	0	0	0			2.00
TOTALS			1,056,190	712,130				
K - OPO COSTS								
1.00	KIDNEY ACQUISITION	105.00	2,875,245	2,336,988	0			1.00
2.00	KIDNEY ACQUISITION	105.00	4,075,950	2,268,735	0			2.00
3.00	HEART ACQUISITION	106.00	736,596	335,778	0			3.00
4.00	PRE TRANSPLANT	112.01	2,144,105	1,193,441	0			4.00
5.00	PRE TRANSPLANT	112.01	506,724	230,990	0			5.00
6.00	PRE TRANSPLANT	112.01	1,931,845	1,075,294	0			6.00
7.00	PRE TRANSPLANT	112.01	229,872	104,788	0			7.00
8.00	OPO ADMINISTRATIVE COSTS	112.02	2,875,245	2,336,988	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0			10.00
11.00		0.00	0	0	0			11.00
12.00		0.00	0	0	0			12.00
13.00		0.00	0	0	0			13.00
14.00		0.00	0	0	0			14.00
15.00		0.00	0	0	0			15.00

RECLASSIFICATIONS

Provider CCN: 520098

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

Worksheet A-6

Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		15,375,582	9,883,002		
L - DEFERRED COMP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	257,015	0	1.00
	TOTALS		0	257,015		
M - DHC CLINIC						
1.00	CLINIC DHC	90.07	946,260	490,655	0	1.00
	TOTALS		946,260	490,655		
N - TRANSPLANT RECLASS- OTHER						
1.00	ADMINISTRATIVE & GENERAL	5.00	154,967	531,215	0	1.00
2.00	CLINIC CSC	90.01	160,864	57,845	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	TOTALS		315,831	589,060		
O - FAMILY MEDICINE						
1.00	CLINIC RESEARCH PARK	90.06	82,809	0	0	1.00
2.00	FAMILY MEDICINE	194.03	0	82,810	0	2.00
	TOTALS		82,809	82,810		
P - TRANSPLANT CLINIC						
1.00	CLINIC CSC	90.01	214,174	107,962	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		214,174	107,962		
Q - PATIENT ACCOUNTING TRANS BILLING						
1.00	ADMINISTRATIVE & GENERAL	5.00	57,549	24,852	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		57,549	24,852		
R - IMPLANTABLE DEVICES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	33,758	0	1.00
2.00	CARDIOTHORACIC SURGERY ICU	31.02	0	310,593	0	2.00
3.00	OPERATING ROOM	50.00	0	25,644,193	0	3.00
4.00	ANESTHESIOLOGY	53.00	0	9,124	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,555,094	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,593	0	6.00
7.00	LABORATORY	60.00	0	2,936,082	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	16,882	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	3,378,429	0	9.00
10.00	CLINIC CSC	90.01	0	357,558	0	10.00
	TOTALS		0	34,243,306		
S - TRANSPLANT FELLOWS						
1.00	ADMINISTRATIVE & GENERAL	5.00	214,553	68,656	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		214,553	68,656		
500.00	Grand Total: Decreases		20,673,738	214,501,005		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520098

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,064,366	0	0	0	1.00
2.00	Land Improvements	2,277,224	575,384	0	575,384	2.00
3.00	Buildings and Fixtures	523,401,833	22,183,299	0	22,183,299	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	243,308,171	47,614,891	0	47,614,891	6.00
7.00	HIT designated Assets	37,409,467	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	823,461,061	70,373,574	0	70,373,574	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	823,461,061	70,373,574	0	70,373,574	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,064,366	0			1.00
2.00	Land Improvements	2,852,608	0			2.00
3.00	Buildings and Fixtures	545,462,526	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	277,711,203	0			6.00
7.00	HIT designated Assets	37,279,174	0			7.00
8.00	Subtotal (sum of lines 1-7)	880,369,877	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	880,369,877	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520098

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	0	1.04
1.05	CAP REL COSTS- WAI SMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0				1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0				1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0				1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0				1.04
1.05	CAP REL COSTS- WAI SMAN	0	0				1.05
1.06	CAP REL COSTS- USTATION	0	0				1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0				1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520098

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	15,055,759	0	15,055,759	0.017102	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	17,665,732	0	17,665,732	0.020066	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	14,515,153	0	14,515,153	0.016488	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	487,651,225	0	487,651,225	0.553915	0	1.04
1.05	CAP REL COSTS- WAI SMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS- USTATION	14,283,710	0	14,283,710	0.016225	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	5,024,792	0	5,024,792	0.005708	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	11,183,128	0	11,183,128	0.012703	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	314,990,375	0	314,990,375	0.357793	0	2.00
3.00	Total (sum of lines 1-2)	880,369,874	0	880,369,874	0.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	728,193	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	543,101	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	423,982	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	17,274,327	0	1.04
1.05	CAP REL COSTS- WAI SMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	860,641	0	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	652,126	0	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	266,860	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,749,230	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 col s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	728,193	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	543,101	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	423,982	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	654,555	0	0	17,928,882	1.04
1.05	CAP REL COSTS- WAI SMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	860,641	1.06
1.07	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	652,126	1.07
1.08	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	266,860	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	654,555	0	0	21,403,785	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 520098

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01 Investment income - CAP REL COSTS-RESEARCH PARK (chapter 2)			0	CAP REL COSTS-RESEARCH PARK	1.01	0 1.01
1.02 Investment income - CAP REL COSTS- WEST CLINIC (chapter 2)			0	CAP REL COSTS- WEST CLINIC	1.02	0 1.02
1.03 Investment income - CAP REL COSTS- EAST CLINIC (chapter 2)			0	CAP REL COSTS- EAST CLINIC	1.03	0 1.03
1.04 Investment income - CAP REL COSTS- 600 HIGHLAND (chapter 2)			0	CAP REL COSTS- 600 HIGHLAND	1.04	0 1.04
1.05 Investment income - CAP REL COSTS- WAI SMAN (chapter 2)			0	CAP REL COSTS- WAI SMAN	1.05	0 1.05
1.06 Investment income - CAP REL COSTS- USTATION (chapter 2)			0	CAP REL COSTS- USTATION	1.06	0 1.06
1.07 Investment income - CAP REL COSTS- EXCELSIOR 8007 (chapter 2)			0	CAP REL COSTS- EXCELSIOR 8007	1.07	0 1.07
1.08 Investment income - CAP REL COSTS- EXCELSIOR 8501 (chapter 2)			0	CAP REL COSTS- EXCELSIOR 8501	1.08	0 1.08
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)	B	-1,221,876	0	CAP REL COSTS- 600 HIGHLAND	1.04	9 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0 7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0 8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-209,133	0		0.00	0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	16,963,566	0			0 12.00
13.00 Laundry and linen service		0	0		0.00	0 13.00
14.00 Cafeteria-employees and guests		0	0		0.00	0 14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0 17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0 19.00
20.00 Vending machines		0	0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 520098

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
26.01 Depreciation - CAP REL COSTS-RESEARCH PARK			0	CAP REL COSTS-RESEARCH PARK	1.01	0 26.01
26.02 Depreciation - CAP REL COSTS-WEST CLINIC			0	CAP REL COSTS- WEST CLINIC	1.02	0 26.02
26.03 Depreciation - CAP REL COSTS-EAST CLINIC			0	CAP REL COSTS- EAST CLINIC	1.03	0 26.03
26.04 Depreciation - CAP REL COSTS-600 HIGHLAND			0	CAP REL COSTS- 600 HIGHLAND	1.04	0 26.04
26.05 Depreciation - CAP REL COSTS-WAISMAN			0	CAP REL COSTS- WAI SMAN	1.05	0 26.05
26.06 Depreciation - CAP REL COSTS-USTATION			0	CAP REL COSTS- USTATION	1.06	0 26.06
26.07 Depreciation - CAP REL COSTS-EXCELSIOR 8007			0	CAP REL COSTS- EXCELSIOR 8007	1.07	0 26.07
26.08 Depreciation - CAP REL COSTS-EXCELSIOR 8501			0	CAP REL COSTS- EXCELSIOR 8501	1.08	0 26.08
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 UNNECESSARY BORROWING	B	-10,110,442	0	CAP REL COSTS- 600 HIGHLAND	1.04	9 33.00
33.01 VOLUME DISCOUNT	B	-2,894,162	0	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 MISCELLANEOUS INCOME	B	-407,232	0	CAP REL COSTS- 600 HIGHLAND	1.04	9 33.02
33.03 MISCELLANEOUS INCOME	B	-7,734,246	0	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04 MISCELLANEOUS INCOME	B	-269,944	0	DIETARY	10.00	0 33.04
33.05 MISCELLANEOUS INCOME	B	-4,500	0	DIETARY PROGRAM	23.03	0 33.05
33.06 MEDICARE LAPSING SCHEDULE	A	206,162	0	CAP REL COSTS- USTATION	1.06	9 33.06
33.07 LOBBYING FEE WHA/AHA	A	-18,624	0	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08 GROSS UP KIDNEY	A	940,240	0	KIDNEY ACQUISITION	105.00	0 33.08
33.09 GROSS UP HEART	A	820,720	0	HEART ACQUISITION	106.00	0 33.09
33.10 GROSS UP LIVER	A	350,800	0	LIVER ACQUISITION	107.00	0 33.10
33.11 GROSS UP LUNG	A	283,373	0	LUNG ACQUISITION	108.00	0 33.11
33.12 GROSS UP PANCREAS	A	40,200	0	PANCREAS ACQUISITION	109.00	0 33.12
33.13 FAMILY MEDICINE GROSS UP	A	123,216	0	FAMILY MEDICINE	194.03	0 33.13
33.14 NON-ALLOWABLE A&G	A	-105,213	0	ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15 NON-ALLOWABLE UCC	A	-3,999,765	0	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16 CRNA COST OFFSET	A	-10,115,782	0	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17 CLERICAL SUPPORT PSYCH	A	-59,808	0	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18 CAFETERIA REVENUE	B	-7,750,671	0	DIETARY	10.00	0 33.18
33.19 OPO MARKETING	A	-13,561	0	KIDNEY ACQUISITION	105.00	0 33.19
33.20 OPO MARKETING	A	-3,087	0	HEART ACQUISITION	106.00	0 33.20
33.21 OPO MARKETING	A	-5,718	0	LIVER ACQUISITION	107.00	0 33.21
33.22 OPO MARKETING	A	-4,301	0	LUNG ACQUISITION	108.00	0 33.22
33.23 OPO MARKETING	A	-3,997	0	PANCREAS ACQUISITION	109.00	0 33.23
33.24 RONALD MCDONALD EXPENSE	A	-8	0	RONALD MCDONALD CARE MOBILE	194.06	0 33.24
33.25 NKR REGISTRY FEES	A	-117,518	0	KIDNEY ACQUISITION	105.00	0 33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,321,311				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 520098
 Period: From 07/01/2012 To 06/30/2013
 Worksheet A-8-1
 Date/Time Prepared: 11/25/2013 3:36 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	5.00	ADMINISTRATIVE & GENERAL	UW OVERHEAD	5,160,127	0
2.00	6.00	MAINTENANCE & REPAIRS	UW OVERHEAD	11,757,585	0
3.00	8.00	LAUNDRY & LINEN SERVICE	MUHL	3,661,530	3,976,920
4.00	1.04	CAP REL COSTS- 600 HIGHLAND	MUHL	354,381	0
4.01	6.00	MAINTENANCE & REPAIRS	MERI	714,733	811,094
4.02	1.04	CAP REL COSTS- 600 HIGHLAND	MERI	103,224	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,751,580	4,788,014

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

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

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

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

6.00	B	UW SYSTEM	1.00	STATE OF WISCON	1.00	6.00
7.00	C	MUHL	46.06	MADISON UNITED	46.06	7.00
8.00	C	MERI	40.60	MADISON ENVIRON	40.60	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: 520098

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2013 3:36 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	5,160,127	0		1.00
2.00	11,757,585	0		2.00
3.00	-315,390	0		3.00
4.00	354,381	9		4.00
4.01	-96,361	0		4.01
4.02	103,224	9		4.02
5.00	16,963,566			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	OVERHEAD		6.00
7.00	LAUNDRY		7.00
8.00	INCINERATION		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: 520098

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2013 3:36 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	105.00	DR. D	297,838	0	297,838	204,100	904	1.00
2.00	106.00	DR. P	56,668	0	56,668	204,100	1,064	2.00
3.00	106.00	DR. K	108,934	0	108,934	204,100	1,609	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			463,440	0	463,440		3,577	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	105.00	DR. D	88,705	4,435	0	0	0	1.00
2.00	106.00	DR. P	104,405	5,220	0	0	0	2.00
3.00	106.00	DR. K	157,883	7,894	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			350,993	17,549	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	105.00	DR. D	0	88,705	209,133	209,133	1.00
2.00	106.00	DR. P	0	104,405	0	0	2.00
3.00	106.00	DR. K	0	157,883	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	350,993	209,133	209,133	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	728,193	0	728,193	0	1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	543,101	0	0	543,101	1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	423,982	0	0	0	423,982
1.04	00104	CAP REL COSTS- 600 HIGHLAND	17,928,882	0	0	0	0
1.05	00105	CAP REL COSTS- WAI SMAN	0	0	0	0	0
1.06	00106	CAP REL COSTS- USTATION	860,641	0	0	0	0
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	652,126	0	0	0	0
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	266,860	0	0	0	0
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,915,400	0	0	0	0
5.00	00500	ADMINISTRATIVE & GENERAL	202,760,612	0	0	0	869
6.00	00600	MAINTENANCE & REPAIRS	43,266,818	0	2,586	1,181	8,554
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,756,915	0	0	0	0
9.00	00900	HOUSEKEEPING	15,304,274	0	5,303	7,542	10,961
10.00	01000	DIETARY	6,590,402	0	0	2,095	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	24,262,669	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,207,305	0	0	5,664	6,074
15.00	01500	PHARMACY	28,871,831	0	0	10,868	9,124
16.00	01600	MEDICAL RECORDS & LIBRARY	15,342,689	0	0	0	10,183
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	HISTOCOMPATIBILITY LAB	2,655,768	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31,237,417	0	0	734	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PHARMACY PROGRAM	1,049,421	0	0	0	0
23.02	02302	EMERGENCY MED PROGRAM	852,710	0	0	0	0
23.03	02303	DIETARY PROGRAM	134,961	0	0	491	0
23.04	02304	RADIOLOGIC TECHNOLOGIST	517,741	0	0	0	0
23.05	02305	ULTRASOUND TECHNOLOGIST	540,703	0	0	0	0
23.06	02306	RADIOTHERAPY TECHNOLOGIST	51,795	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,528,894	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02180	TRAUMA INTENSIVE CARE UNIT	13,570,515	0	0	0	0
31.02	03101	CARDIOTHORACIC SURGERY ICU	8,388,766	0	0	0	0
31.03	03102	CARDIAC INTENSIVE CARE UNIT	3,104,978	0	0	0	0
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	8,926,479	0	0	0	0
31.05	03103	NEURO INTENSIVE CARE UNIT	8,168,648	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	3,667,403	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	3,142,468	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	3,627,006	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	63,179,957	0	0	0	0
51.00	05100	RECOVERY ROOM	10,912,715	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	7,222,346	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,017,105	0	36,777	13,828	10,703
55.00	05500	RADIOLOGY-THERAPEUTIC	5,821,869	0	0	0	40,601
56.00	05600	RADIOISOTOPE	4,171,914	0	0	0	0
57.00	05700	CT SCAN	4,818,239	0	6,620	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,246,192	0	43,505	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
59.01	05901	CARDIAC REHABILITATION	949,122	0	28,157	0	1,629
60.00	06000	LABORATORY	44,727,387	0	0	9,302	8,848
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			0	1.00	1.01	1.02	1.03	
65.00	06500	RESPIRATORY THERAPY	14,778,438	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	477,218	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	21,401,021	0	127,377	0	8,730	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	19,748,843	0	0	1,946	552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,753,150	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,316,347	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,243,306	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	126,028,140	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,745,210	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	504,538	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	1,731,530	0	9,158	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,945,215	0	5,555	7,393	4,082	90.00
90.01	09001	CLINIC CSC	47,443,624	0	0	1,517	1,403	90.01
90.02	09002	CLINIC UNIVERSITY STATION	9,959,654	0	0	0	0	90.02
90.03	09003	CLINIC WAISSMAN	1,373,573	0	0	0	0	90.03
90.04	09004	CLINIC WEST	17,832,820	0	0	455,738	711	90.04
90.05	09005	CLINIC EAST	8,616,116	0	184,721	0	300,324	90.05
90.06	09006	CLINIC RESEARCH PARK	3,756,303	0	0	0	0	90.06
90.07	09007	CLINIC DHC	3,304,674	0	0	24,802	0	90.07
91.00	09100	EMERGENCY	11,881,360	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3,359,388	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	4,694,349	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,927,773	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,700,066	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	3,515,429	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,547,664	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,107,305	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	2,342	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	54,473	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	4,121,367	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,098,786,455	0	449,759	543,101	423,348	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	558,602	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	4,281,195	0	278,434	0	634	194.01
194.02	07952	CLINICAL RESEARCH CENTER	2,532,997	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	123,215	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	426,869	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,328,878	0	0	0	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	6,987,664	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	16,122,547	0	0	0	0	194.08
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)	1,131,148,422	0	728,193	543,101	423,982	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		CAPITAL RELATED COSTS						
		600 HIGHLAND	WAI SMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501		
		1.04	1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	17,928,882					1.04
1.05	00105	CAP REL COSTS- WAI SMAN	0	0				1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	860,641			1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	652,126		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	266,860	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	72,556	0	1,487	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,576,202	0	0	578,458	131,726	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,853,973	0	10,908	37,260	3,716	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,764	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	375,127	0	11,835	0	0	9.00
10.00	01000	DIETARY	600,750	0	0	0	0	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	404,578	0	0	0	6,508	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	572,849	0	849	0	0	14.00
15.00	01500	PHARMACY	302,866	0	24,075	36,408	9,526	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,867	0	2,375	0	106,108	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	70,767	0	0	0	0	18.01
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	209,052	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	13,046	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	2,011	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,232,255	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	196,246	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	193,958	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	33,898	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	275,833	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	216,138	0	0	0	0	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	84,108	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	127,011	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	168,585	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,235,969	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	387,380	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	31,757	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	548,971	0	10,194	0	9,276	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	406,866	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	40,006	0	0	0	0	56.00
57.00	05700	CT SCAN	70,951	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,740	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	7,252	0	0	0	0	59.01
60.00	06000	LABORATORY	586,947	0	9,672	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	110,920	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	15,777	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	237,488	0	22,955	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS					
			600 HIGHLAND	WAI SMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	
			1.04	1.05	1.06	1.07	1.08	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	262,270	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,977	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	57,850	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	34,488	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	64,806	0	25,387	0	0	90.00
90.01	09001	CLINIC CSC	2,618,360	0	1,853	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	5,647	0	728,568	0	0	90.02
90.03	09003	CLINIC WAI SMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	27,716	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09007	CLINIC DHC	276,331	0	0	0	0	90.07
91.00	09100	EMERGENCY	359,332	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	416,111	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	1,329	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	31,794	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,067	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	12,899	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,561	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,546	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	51,262	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPD ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,735,810	0	850,158	652,126	266,860	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,289	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	33,510	0	10,483	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	93,777	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	30,466	0	0	0	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	2,030	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
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)	17,928,882	0	860,641	652,126	266,860	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS					
	2.00	MVBLE EQUIP						4.00	4A	5.00	6.00
	GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00				
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01				
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02				
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03				
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04				
1.05	00105	CAP REL COSTS- WAI SMAN					1.05				
1.06	00106	CAP REL COSTS- USTATION					1.06				
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07				
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08				
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0				2.00				
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,989,443			4.00				
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,150,864	206,198,731	206,198,731	5.00				
6.00	00600	MAINTENANCE & REPAIRS	0	194,632	45,379,628	10,116,480	6.00				
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00				
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,210	3,813,889	850,230	8.00				
9.00	00900	HOUSEKEEPING	0	199,916	15,914,958	3,547,922	9.00				
10.00	01000	DIETARY	0	153,214	7,346,461	1,637,747	10.00				
11.00	01100	CAFETERIA	0	0	0	0	11.00				
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00				
13.00	01300	NURSING ADMINISTRATION	0	371,689	25,045,444	5,583,381	13.00				
14.00	01400	CENTRAL SERVICES & SUPPLY	0	147,416	7,940,157	1,770,099	14.00				
15.00	01500	PHARMACY	0	457,442	29,722,140	6,625,957	15.00				
16.00	01600	MEDICAL RECORDS & LIBRARY	0	220,777	15,703,999	3,500,892	16.00				
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00				
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00				
18.01	01851	HISTOCOMPATIBILITY LAB	0	18,564	2,745,099	611,965	18.01				
19.00	01900	NONPHYSICIAN ANESTHETISTS	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	542,053	31,989,256	7,131,365	21.00				
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00				
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00				
23.01	02301	PHARMACY PROGRAM	0	17,721	1,080,188	240,806	23.01				
23.02	02302	EMERGENCY MED PROGRAM	0	13,270	865,980	193,053	23.02				
23.03	02303	DIETARY PROGRAM	0	1,407	138,870	30,958	23.03				
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	9,861	527,602	117,618	23.04				
23.05	02305	ULTRASOUND TECHNOLOGIST	0	9,690	550,393	122,699	23.05				
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	1,381	53,176	11,855	23.06				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	1,331,873	92,093,022	20,530,297	30.00				
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00				
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	179,019	13,945,780	3,108,933	31.01				
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	124,587	8,707,311	1,941,121	31.02				
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	46,999	3,185,875	710,227	31.03				
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	136,724	9,339,036	2,081,951	31.04				
31.05	03103	NEURO INTENSIVE CARE UNIT	0	108,638	8,493,424	1,893,439	31.05				
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00				
33.00	03300	BURN INTENSIVE CARE UNIT	0	54,056	3,805,567	848,375	33.00				
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00				
40.00	04000	SUBPROVIDER - IPF	0	51,169	3,320,648	740,272	40.00				
41.00	04100	SUBPROVIDER - IRF	0	54,336	3,849,927	858,264	41.00				
ANCILLARY SERVICE COST CENTERS											
50.00	05000	OPERATING ROOM	0	494,569	64,910,495	14,470,497	50.00				
51.00	05100	RECOVERY ROOM	0	162,514	11,462,609	2,555,359	51.00				
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00				
53.00	05300	ANESTHESIOLOGY	0	33,638	7,287,741	1,624,656	53.00				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	312,175	29,959,029	6,678,766	54.00				
55.00	05500	RADIOLOGY-THERAPEUTIC	0	66,003	6,335,339	1,412,337	55.00				
56.00	05600	RADIOISOTOPE	0	29,020	4,240,940	945,433	56.00				
57.00	05700	CT SCAN	0	45,034	4,940,844	1,101,462	57.00				
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	52,349	6,461,786	1,440,526	58.00				
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00				
59.01	05901	CARDIAC REHABILITATION	0	16,524	1,002,684	223,528	59.01				
60.00	06000	LABORATORY	0	356,002	45,698,158	10,187,490	60.00				
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01				
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00				
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00				
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00				
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00				
65.00	06500	RESPIRATORY THERAPY	0	173,489	15,062,847	3,357,960	65.00				
65.01	03550	NEUROPSYCH TESTING	0	6,757	499,752	111,410	65.01				

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	MVBLE EQUIP						
	2.00	4.00					
66.00 06600 PHYSICAL THERAPY	0	325,099	22,122,670	4,931,807	1,345,096	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	141,661	20,155,272	4,493,215	739,906	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	25,398	1,826,525	407,187	131,332	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,316,347	293,453	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	34,243,306	7,633,860	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	126,028,140	28,095,150	0	73.00	
74.00 07400 RENAL DIALYSIS	0	37,444	2,840,504	633,234	158,357	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 03560 PULMONARY FUNCTION TESTING	0	7,858	546,884	121,917	94,408	75.01	
75.02 03540 ORTHOTICS LAB	0	17,414	1,758,102	391,934	38,642	75.02	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	88,423	6,140,861	1,368,982	372,883	90.00	
90.01 09001 CLINIC CSC	0	679,715	50,746,472	11,312,911	7,200,298	90.01	
90.02 09002 CLINIC UNIVERSITY STATION	0	144,950	10,838,819	2,416,298	1,921,696	90.02	
90.03 09003 CLINIC WISMAN	0	24,879	1,398,452	311,757	127,796	90.03	
90.04 09004 CLINIC WEST	0	240,180	18,557,165	4,136,949	3,786,211	90.04	
90.05 09005 CLINIC EAST	0	126,097	9,227,258	2,057,033	3,351,956	90.05	
90.06 09006 CLINIC RESEARCH PARK	0	41,661	3,797,964	846,680	806,280	90.06	
90.07 09007 CLINIC DHC	0	59,723	3,665,530	817,157	957,918	90.07	
91.00 09100 EMERGENCY	0	172,584	12,413,276	2,767,292	983,629	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	48,832	3,824,331	852,558	1,139,056	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	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
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	74,304	4,769,982	1,063,372	3,637	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	61,329	8,020,896	1,788,098	218,870	105.00	
106.00 10600 HEART ACQUISITION	0	8,597	1,710,730	381,373	35,662	106.00	
107.00 10700 LIVER ACQUISITION	0	25,274	3,553,602	792,204	90,872	107.00	
108.00 10800 LUNG ACQUISITION	0	13,122	2,564,347	571,670	51,573	108.00	
109.00 10900 PANCREAS ACQUISITION	0	10,258	2,120,109	472,636	45,815	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	2,342	522	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	54,473	12,144	0	111.00	
112.00 08600 POST TRANSPLANT	0	62,406	4,235,035	944,116	140,324	112.00	
112.01 08601 PRE TRANSPLANT	0	0	0	0	0	112.01	
112.02 08602 OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02	
113.00 11300 INTEREST EXPENSE	0	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	0	0	116.00	
118.00	0	9,783,790	1,098,098,179	198,830,839	53,758,279	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,590	595,481	132,751	91,124	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01 07951 OTHER AUXILIARY SERVICES	0	51,210	4,655,466	1,037,843	1,301,049	194.01	
194.02 07952 CLINICAL RESEARCH CENTER	0	41,594	2,668,368	594,859	256,704	194.02	
194.03 07953 FAMILY MEDICINE	0	0	123,215	27,468	0	194.03	
194.04 07954 COMMUNICATION AIDS	0	452	427,321	95,263	0	194.04	
194.05 07955 INVESTIGATIONAL PHARMACY	0	30,256	1,389,600	309,784	83,396	194.05	
194.06 07956 RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06	
194.07 07957 PUBLIC AFFAIRS	0	43,081	7,032,775	1,567,817	5,556	194.07	
194.08 07958 RETAIL PHARMACIES	0	35,470	16,158,017	3,602,107	0	194.08	
200.00	0	0	0	0	0	200.00	
201.00	0	0	0	0	0	201.00	
202.00	0	9,989,443	1,131,148,422	206,198,731	55,496,108	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAI SMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	0					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,816,768				8.00
9.00	00900	HOUSEKEEPING	0	244,417	20,971,118			9.00
10.00	01000	DIETARY	0	29,508	644,302	11,319,524		10.00
11.00	01100	CAFETERIA	0	0	0	8,488,640	8,488,640	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,748	451,382	0	358,706	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	67,815	653,078	0	314,331	14.00
15.00	01500	PHARMACY	0	15,220	491,106	0	433,330	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	427,073	0	27,355	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	1,199	75,119	0	23,295	18.01
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	28,749	224,222	0	1,088,435	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	13,849	0	20,341	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	16,009	23.02
23.03	02303	DIETARY PROGRAM	0	0	3,683	0	1,943	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	40	0	0	10,860	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	1,166	0	0	9,753	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	1,457	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,242,008	2,369,559	2,158,255	1,517,708	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	325,467	208,317	51,262	194,439	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	87,948	205,888	138,416	129,237	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	41,503	35,983	23,136	47,327	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	91,535	292,799	39,517	129,723	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	87,351	229,432	68,654	113,015	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	79,962	89,281	37,593	53,836	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	18,779	134,823	140,658	51,951	40.00
41.00	04100	SUBPROVIDER - I RF	0	61,183	178,954	151,978	64,463	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,232,492	1,311,993	0	543,916	50.00
51.00	05100	RECOVERY ROOM	0	67,585	411,207	168	179,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,271	33,711	0	59,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	181,893	774,366	638	344,115	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,863	607,614	0	64,580	55.00
56.00	05600	RADIOISOTOPE	0	398	42,466	0	28,618	56.00
57.00	05700	CT SCAN	0	48,982	86,147	0	49,231	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	54,357	198,288	0	48,357	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	61	60,820	0	23,683	59.01
60.00	06000	LABORATORY	0	3,792	700,461	0	462,628	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	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	939	117,742	0	219,268	65.00
65.01	03550	NEUROPSYCH TESTING	0	2	16,748	0	13,192	65.01
66.00	06600	PHYSICAL THERAPY	0	30,914	521,604	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
69.00	06900	ELECTROCARDIOLOGY	0	101,831	286,922	505	157,797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,829	50,928	160	32,698	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	13,443	61,408	0	32,640	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	54	36,610	0	9,462	75.01
75.02	03540	ORTHOTICS LAB	0	736	14,985	0	14,280	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	144,597	0	157,991	90.00
90.01	09001	CLINIC CSC	0	206,688	2,792,146	7,153	910,063	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	6,216	745,199	0	0	90.02
90.03	09003	CLINIC WAI SMAN	0	147	49,557	0	0	90.03
90.04	09004	CLINIC WEST	0	38,625	1,468,225	0	0	90.04
90.05	09005	CLINIC EAST	0	13,136	1,299,829	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	1,720	312,661	0	0	90.06
90.07	09007	CLINIC DHC	0	19,019	371,464	0	0	90.07
91.00	09100	EMERGENCY	0	197,152	381,434	886	186,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,885	441,705	0	46,220	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	9	1,410	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	189	84,874	0	67,125	105.00
106.00	10600	HEART ACQUISITION	0	0	13,829	0	9,403	106.00
107.00	10700	LIVER ACQUISITION	0	76	35,238	0	27,666	107.00
108.00	10800	LUNG ACQUISITION	0	0	19,999	0	14,358	108.00
109.00	10900	PANCREAS ACQUISITION	0	9	17,766	0	11,230	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	54,415	0	68,291	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,736,911	20,297,218	11,307,619	8,389,030	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9	35,336	0	8,354	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	73,336	504,524	0	20,808	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	5,684	99,545	11,905	38,585	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	828	32,340	0	31,863	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	0	2,155	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
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	4,816,768	20,971,118	11,319,524	8,488,640	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAI SMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	32,606,670				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,412,896	13,842,512			14.00
15.00	01500	PHARMACY	0	0	183,260	38,737,461		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	71	0	20,760,713	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	1,855	1,799	31,025	18.01
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	517	43,106	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	1,633	1,279	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	54	61	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	580	1,749	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,968,566	928,838	2,588,918	2,034,415	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	1,020,884	310,957	685,353	430,203	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	678,549	279,084	207,574	242,899	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	248,489	63,087	117,356	85,591	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	681,099	146,076	196,673	305,021	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	593,373	105,771	196,493	261,513	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	282,661	73,604	136,741	77,152	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	272,766	5,829	28,672	68,108	40.00
41.00	04100	SUBPROVIDER - I RF	0	338,458	25,121	96,104	78,700	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,645,750	3,717,306	1,959,563	3,908,789	50.00
51.00	05100	RECOVERY ROOM	0	942,033	111,453	193,820	431,247	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	265,932	815,829	3,389,108	287,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	398,744	1,798,579	493,354	1,305,021	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	329,890	90,782	55,416	682,894	55.00
56.00	05600	RADIOISOTOPE	0	0	8,763	88,359	161,315	56.00
57.00	05700	CT SCAN	0	0	136,187	120,356	1,153,911	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	107,165	84,850	922,443	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	124,346	932	94	16,684	59.01
60.00	06000	LABORATORY	0	0	197,524	138,760	2,510,415	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	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	1,151,248	797,351	61,567	493,277	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	59	4	14,611	65.01
66.00	06600	PHYSICAL THERAPY	0	32,642	108,185	49,198	614,033	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	632,748	1,751,045	300,629	1,191,690	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	44,271	11,216	22,499	101,327	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	171,371	89,529	37,754	62,624	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	3,837	2,607	27,013	75.01
75.02	03540	ORTHOTICS LAB	0	0	125,359	1,128	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	260,933	0	0	0	90.00
90.01	09001	CLINIC CSC	0	4,424,544	905,277	774,175	1,045,684	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	1,155,023	40,276	131,531	159,342	90.02
90.03	09003	CLINIC WAI SMAN	0	54,778	4,371	360	13,698	90.03
90.04	09004	CLINIC WEST	0	1,576,515	158,908	122,535	285,507	90.04
90.05	09005	CLINIC EAST	0	854,307	48,335	57,424	133,838	90.05
90.06	09006	CLINIC RESEARCH PARK	0	311,121	70,232	23,348	65,388	90.06
90.07	09007	CLINIC DHC	0	380,893	179,197	53,436	70,249	90.07
91.00	09100	EMERGENCY	0	976,613	304,148	567,286	711,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	242,674	11,135	11,978	123,038	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	417,208	5,676	17,342	48,633	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	352,433	69,525	19,525	247,458	105.00
106.00	10600	HEART ACQUISITION	0	49,371	163	1,203	18,014	106.00
107.00	10700	LIVER ACQUISITION	0	145,258	28,018	7,868	47,712	107.00
108.00	10800	LUNG ACQUISITION	0	75,383	331	2,445	51,499	108.00
109.00	10900	PANCREAS ACQUISITION	0	58,960	3,176	891	29,504	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	294	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	279	111.00
112.00	08600	POST TRANSPLANT	0	358,554	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	31,931,284	13,826,206	13,092,291	20,551,249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2	13	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	472,801	5,435	121,813	2,914	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	202,585	8,009	14,616	4,846	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	1,264	6,516	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	0	49	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	1,547	25,502,212	201,704	194.08
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	32,606,670	13,842,512	38,737,461	20,760,713	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

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Cost Center Description	OTHER GENERAL SERVICE					
	SOCIAL SERVICE	(SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	17.00	18.00	18.01	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02 00102	CAP REL COSTS- WEST CLINIC					1.02
1.03 00103	CAP REL COSTS- EAST CLINIC					1.03
1.04 00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05 00105	CAP REL COSTS- WAI SMAN					1.05
1.06 00106	CAP REL COSTS- USTATION					1.06
1.07 00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08 00101	CAP REL COSTS- EXCELSIOR 8501					1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
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	0				17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0			18.00
18.01 01851	HISTOCOMPATIBILITY LAB	0	0	3,685,071		18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	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-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PHARMACY PROGRAM	0	0	0	0	23.01
23.02 02302	EMERGENCY MED PROGRAM	0	0	0	0	23.02
23.03 02303	DIETARY PROGRAM	0	0	0	0	23.03
23.04 02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	23.04
23.05 02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	23.05
23.06 02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02 03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	31.02
31.03 03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	31.03
31.04 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.04
31.05 03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	31.05
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	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	0	0	0	59.00
59.01 05901	CARDIAC REHABILITATION	0	0	0	0	59.01
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01 03550	NEUROPSYCH TESTING	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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Cost Center Description	OTHER GENERAL SERVICE					NURSING SCHOOL	
	SOCIAL SERVICE	(SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS			
	17.00	18.00	18.01	19.00	20.00		
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	75.01
75.02 03540 ORTHOTICS LAB	0	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 CLINIC CSC	0	0	0	0	0	0	90.01
90.02 09002 CLINIC UNIVERSITY STATION	0	0	0	0	0	0	90.02
90.03 09003 CLINIC WAI SMAN	0	0	0	0	0	0	90.03
90.04 09004 CLINIC WEST	0	0	0	0	0	0	90.04
90.05 09005 CLINIC EAST	0	0	0	0	0	0	90.05
90.06 09006 CLINIC RESEARCH PARK	0	0	0	0	0	0	90.06
90.07 09007 CLINIC DHC	0	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	2,141,857	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	108,118	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	102,925	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	82,154	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	29,693	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 08600 POST TRANSPLANT	0	0	1,220,324	0	0	0	112.00
112.01 08601 PRE TRANSPLANT	0	0	0	0	0	0	112.01
112.02 08602 OPO ADMINISTRATIVE COSTS	0	0	0	0	0	0	112.02
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	3,685,071	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 07951 OTHER AUXILIARY SERVICES	0	0	0	0	0	0	194.01
194.02 07952 CLINICAL RESEARCH CENTER	0	0	0	0	0	0	194.02
194.03 07953 FAMILY MEDICINE	0	0	0	0	0	0	194.03
194.04 07954 COMMUNICATION AIDS	0	0	0	0	0	0	194.04
194.05 07955 INVESTIGATIONAL PHARMACY	0	0	0	0	0	0	194.05
194.06 07956 RONALD MCDONALD CARE MOBILE	0	0	0	0	0	0	194.06
194.07 07957 PUBLIC AFFAIRS	0	0	0	0	0	0	194.07
194.08 07958 RETAIL PHARMACIES	0	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	3,685,071	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

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Cost Center Description	INTERNS & RESIDENTS					EMERGENCY MED PROGRAM	
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM	PHARMACY PROGRAM			
	21.00	22.00	23.00	23.01	23.02		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02 00102	CAP REL COSTS- WEST CLINIC						1.02
1.03 00103	CAP REL COSTS- EAST CLINIC						1.03
1.04 00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05 00105	CAP REL COSTS- WAI SMAN						1.05
1.06 00106	CAP REL COSTS- USTATION						1.06
1.07 00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08 00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
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	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01 01851	HISTOCOMPATIBILITY LAB						18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	41,083,866					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0			23.00
23.01 02301	PHARMACY PROGRAM	0	0	0	1,390,896		23.01
23.02 02302	EMERGENCY MED PROGRAM	0	0	0	0	1,077,954	23.02
23.03 02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04 02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05 02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06 02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	40,638,297	0	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02 03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03 03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05 03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
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
40.00 04000	SUBPROVIDER - I PF	289,925	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	155,644	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
59.01 05901	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00 06000	LABORATORY	0	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	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
65.01 03550	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0	66.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
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 PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,390,896	0	73.00
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
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003	CLINIC WAI SMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09007	CLINIC DHC	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	1,077,954	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,083,866	0	0	1,390,896	1,077,954	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
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
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)	41,083,866	0	0	1,390,896	1,077,954	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

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Part I
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Cost Center Description			DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
			23.03	23.04	23.05	23.06	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAI SMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
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	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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 PRGM-(SPECIFY)						23.00
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM	184,950					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	656,235				23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	686,340			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	66,488		23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	184,950	0	0	0	180,365,374	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	20,818,795	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	13,148,963	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	4,651,365	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	14,058,490	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	12,634,117	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	5,715,008	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	5,420,108	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	6,320,278	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	98,084,125	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	17,415,310	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	13,895,017	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	656,235	686,340	0	45,273,989	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	66,488	11,247,099	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	5,625,803	56.00
57.00	05700	CT SCAN	0	0	0	0	7,859,274	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	9,829,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	1,609,673	59.01
60.00	06000	LABORATORY	0	0	0	0	61,705,553	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	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	21,565,829	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	698,966	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	29,756,149	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

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Part I
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Cost Center Description			DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
			23.03	23.04	23.05	23.06	24.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	29,811,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,632,972	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,609,800	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	41,877,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	155,514,186	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,100,864	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	842,792	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	2,345,166	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	8,446,247	90.00
90.01	09001	CLINIC CSC	0	0	0	0	80,325,411	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	17,414,400	90.02
90.03	09003	CLINIC WAI SMAN	0	0	0	0	1,960,916	90.03
90.04	09004	CLINIC WEST	0	0	0	0	30,130,640	90.04
90.05	09005	CLINIC EAST	0	0	0	0	17,043,116	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	6,235,394	90.06
90.07	09007	CLINIC DHC	0	0	0	0	6,514,863	90.07
91.00	09100	EMERGENCY	0	0	0	0	20,567,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	6,697,580	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	6,327,269	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	13,010,850	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	2,327,866	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	4,831,439	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	3,433,759	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	2,789,789	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	3,158	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	66,896	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	7,021,059	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	184,950	656,235	686,340	66,488	1,061,580,860	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	863,070	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	0	0	0	8,195,989	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	3,905,706	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	150,683	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	522,584	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	1,855,591	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	0	0	0	8,608,352	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	45,465,587	194.08
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)	184,950	656,235	686,340	66,488	1,131,148,422	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520098

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

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Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK		1.01
1.02	00102	CAP REL COSTS- WEST CLINIC		1.02
1.03	00103	CAP REL COSTS- EAST CLINIC		1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND		1.04
1.05	00105	CAP REL COSTS- WAI SMAN		1.05
1.06	00106	CAP REL COSTS- USTATION		1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
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	OTHER GENERAL SERVICE (SPECIFY)		18.00
18.01	01851	HISTOCOMPATIBILITY LAB		18.01
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-(SPECIFY)		23.00
23.01	02301	PHARMACY PROGRAM		23.01
23.02	02302	EMERGENCY MED PROGRAM		23.02
23.03	02303	DIETARY PROGRAM		23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST		23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST		23.06
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-40,638,297	139,727,077
31.00	03100	INTENSIVE CARE UNIT	0	0
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	20,818,795
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	13,148,963
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	4,651,365
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	14,058,490
31.05	03103	NEURO INTENSIVE CARE UNIT	0	12,634,117
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,715,008
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	-289,925	5,130,183
41.00	04100	SUBPROVIDER - IRF	-155,644	6,164,634
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	98,084,125
51.00	05100	RECOVERY ROOM	0	17,415,310
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	13,895,017
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,273,989
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,247,099
56.00	05600	RADIOISOTOPE	0	5,625,803
57.00	05700	CT SCAN	0	7,859,274
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,829,110
59.00	05900	CARDIAC CATHETERIZATION	0	0
59.01	05901	CARDIAC REHABILITATION	0	1,609,673
60.00	06000	LABORATORY	0	61,705,553
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	21,565,829
65.01	03550	NEUROPSYCH TESTING	0	698,966

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part I Date/Time Prepared: 11/25/2013 3:36 pm
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
66.00	06600	PHYSICAL THERAPY	0	29,756,149	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	29,811,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,632,972	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,609,800	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,877,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	155,514,186	73.00
74.00	07400	RENAL DIALYSIS	0	4,100,864	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	842,792	75.01
75.02	03540	ORTHO TICS LAB	0	2,345,166	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-8,446,247	0	90.00
90.01	09001	CLINIC CSC	4,250,270	84,575,681	90.01
90.02	09002	CLINIC UNIVERSITY STATION	921,451	18,335,851	90.02
90.03	09003	CLINIC WISCONSIN	103,758	2,064,674	90.03
90.04	09004	CLINIC WEST	1,594,307	31,724,947	90.04
90.05	09005	CLINIC EAST	901,805	17,944,921	90.05
90.06	09006	CLINIC RESEARCH PARK	329,934	6,565,328	90.06
90.07	09007	CLINIC DHC	344,722	6,859,585	90.07
91.00	09100	EMERGENCY	0	20,567,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	6,697,580	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
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	0	6,327,269	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	13,010,850	105.00
106.00	10600	HEART ACQUISITION	0	2,327,866	106.00
107.00	10700	LIVER ACQUISITION	0	4,831,439	107.00
108.00	10800	LUNG ACQUISITION	0	3,433,759	108.00
109.00	10900	PANCREAS ACQUISITION	0	2,789,789	109.00
110.00	11000	INTESTINAL ACQUISITION	0	3,158	110.00
111.00	11100	ISLET ACQUISITION	0	66,896	111.00
112.00	08600	POST TRANSPLANT	0	7,021,059	112.00
112.01	08601	PRE TRANSPLANT	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	112.02
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	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-41,083,866	1,020,496,994	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	863,070	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	8,195,989	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	3,905,706	194.02
194.03	07953	FAMILY MEDICINE	0	150,683	194.03
194.04	07954	COMMUNICATION AIDS	0	522,584	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	1,855,591	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	8,608,352	194.07
194.08	07958	RETAIL PHARMACIES	0	45,465,587	194.08
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-41,083,866	1,090,064,556	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
			1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS		0					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	526,934	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,399,380	0	0	869	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,775,875	0	2,586	1,181	8,554
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,830	0	0	0	8.00
9.00	00900	HOUSEKEEPING	54,507	0	5,303	7,542	10,961
10.00	01000	DIETARY	293,041	0	0	2,095	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	684,342	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	987,162	0	0	5,664	6,074
15.00	01500	PHARMACY	1,050,665	0	0	10,868	9,124
16.00	01600	MEDICAL RECORDS & LIBRARY	20,072	0	0	0	10,183
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	HISTOCOMPATIBILITY LAB	81,372	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	39,383	0	0	734	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0
23.02	02302	EMERGENCY MED PROGRAM	136,699	0	0	0	0
23.03	02303	DIETARY PROGRAM	48	0	0	491	0
23.04	02304	RADIOLOGIC TECHNOLOGIST	60,857	0	0	0	0
23.05	02305	ULTRASOUND TECHNOLOGIST	78,568	0	0	0	0
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,082,385	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02180	TRAUMA INTENSIVE CARE UNIT	239,231	0	0	0	0
31.02	03101	CARDIOTHORACIC SURGERY ICU	165,645	0	0	0	0
31.03	03102	CARDIAC INTENSIVE CARE UNIT	22,130	0	0	0	0
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	126,495	0	0	0	0
31.05	03103	NEURO INTENSIVE CARE UNIT	95,890	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	37,061	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	14,213	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	139,142	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,560,207	0	0	0	0
51.00	05100	RECOVERY ROOM	250,496	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	489,669	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,115,034	0	36,777	13,828	10,703
55.00	05500	RADIOLOGY-THERAPEUTIC	400,206	0	0	0	40,601
56.00	05600	RADIOISOTOPE	154,357	0	0	0	0
57.00	05700	CT SCAN	580,948	0	6,620	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,845,374	0	43,505	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
59.01	05901	CARDIAC REHABILITATION	24,458	0	28,157	0	1,629
60.00	06000	LABORATORY	1,106,693	0	0	9,302	8,848
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	534,296	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC		
			1.00	1.01	1.02	1.03		
65.01	03550	NEUROPSYCH TESTING	17,481	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	803,507	0	127,377	0	8,730	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	1,916,616	0	0	1,946	552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,851	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	39,261	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	44,100	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	77,399	0	9,158	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	82,084	0	5,555	7,393	4,082	90.00
90.01	09001	CLINIC CSC	1,232,399	0	0	1,517	1,403	90.01
90.02	09002	CLINIC UNIVERSITY STATION	195,562	0	0	0	0	90.02
90.03	09003	CLINIC WAI SMAN	788	0	0	0	0	90.03
90.04	09004	CLINIC WEST	128,183	0	0	455,738	711	90.04
90.05	09005	CLINIC EAST	58,741	0	184,721	0	300,324	90.05
90.06	09006	CLINIC RESEARCH PARK	133,396	0	0	0	0	90.06
90.07	09007	CLINIC DHC	461,817	0	0	24,802	0	90.07
91.00	09100	EMERGENCY	205,876	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	3,123,081	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	39,444	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	309,736	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	-532	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	123,682	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	-1,082	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	14,148	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	42,304,203	0	449,759	543,101	423,348	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,148	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	28,495	0	278,434	0	634	194.01
194.02	07952	CLINICAL RESEARCH CENTER	53,721	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	43,907	0	0	0	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	8	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	151,803	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	135,395	0	0	0	0	194.08
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)	42,719,680	0	728,193	543,101	423,982	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/25/2013 3:36 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		600 HIGHLAND	WAI SMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501		
		1.04	1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAI SMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	72,556	0	1,487	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,576,202	0	0	578,458	131,726	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,853,973	0	10,908	37,260	3,716	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,764	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	375,127	0	11,835	0	0	9.00
10.00	01000	DIETARY	600,750	0	0	0	0	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	404,578	0	0	0	6,508	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	572,849	0	849	0	0	14.00
15.00	01500	PHARMACY	302,866	0	24,075	36,408	9,526	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,867	0	2,375	0	106,108	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	70,767	0	0	0	0	18.01
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	209,052	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	13,046	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	2,011	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,232,255	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	196,246	0	0	0	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	193,958	0	0	0	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	33,898	0	0	0	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	275,833	0	0	0	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	216,138	0	0	0	0	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	84,108	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	127,011	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	168,585	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,235,969	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	387,380	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	31,757	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	548,971	0	10,194	0	9,276	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	406,866	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	40,006	0	0	0	0	56.00
57.00	05700	CT SCAN	70,951	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	119,740	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	7,252	0	0	0	0	59.01
60.00	06000	LABORATORY	586,947	0	9,672	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	110,920	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	15,777	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	237,488	0	22,955	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/25/2013 3:36 pm
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Cost Center Description		CAPITAL RELATED COSTS						
		600 HIGHLAND	WAI SMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501		
		1.04	1.05	1.06	1.07	1.08		
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	262,270	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,977	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	57,850	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	34,488	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	64,806	0	25,387	0	0	90.00
90.01	09001	CLINIC CSC	2,618,360	0	1,853	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	5,647	0	728,568	0	0	90.02
90.03	09003	CLINIC WAI SMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	27,716	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09007	CLINIC DHC	276,331	0	0	0	0	90.07
91.00	09100	EMERGENCY	359,332	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	416,111	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	1,329	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	31,794	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,067	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	12,899	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,561	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,546	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	51,262	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPD ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,735,810	0	850,158	652,126	266,860	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,289	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	33,510	0	10,483	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	93,777	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	30,466	0	0	0	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	2,030	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
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)	17,928,882	0	860,641	652,126	266,860	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	2.00	MVBLE EQUIP					
	2A	4.00					
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAI SMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	600,977	600,977		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	13,686,635	69,222	13,755,857	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	4,694,053	11,707	674,886	5,380,646
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	64,594	73	56,720	14,800
9.00	00900	HOUSEKEEPING	0	465,275	12,024	236,687	122,534
10.00	01000	DIETARY	0	895,886	9,215	109,257	161,092
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,095,428	22,356	372,476	112,857
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,572,598	8,867	118,086	163,286
15.00	01500	PHARMACY	0	1,443,532	27,514	442,028	122,789
16.00	01600	MEDICAL RECORDS & LIBRARY	0	160,605	13,279	233,550	106,779
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	152,139	1,117	40,825	18,782
19.00	01900	NONPHYSICIAN ANESTHETISTS	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	249,169	32,603	475,744	56,061
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	13,046	1,066	16,065	3,462
23.02	02302	EMERGENCY MED PROGRAM	0	136,699	798	12,879	0
23.03	02303	DIETARY PROGRAM	0	2,550	85	2,065	921
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	60,857	593	7,846	0
23.05	02305	ULTRASOUND TECHNOLOGIST	0	78,568	583	8,185	0
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	83	791	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,314,640	80,245	1,369,607	592,450
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	435,477	10,768	207,402	52,084
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	359,603	7,494	129,495	51,477
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	56,028	2,827	47,380	8,997
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	402,328	8,224	138,890	73,207
31.05	03103	NEURO INTENSIVE CARE UNIT	0	312,028	6,534	126,314	57,364
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	121,169	3,251	56,596	22,323
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	141,224	3,078	49,385	33,709
41.00	04100	SUBPROVIDER - I RF	0	307,727	3,268	57,256	44,743
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	6,796,176	29,747	965,349	328,031
51.00	05100	RECOVERY ROOM	0	637,876	9,775	170,472	102,812
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	521,426	2,023	108,383	8,429
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,744,783	18,777	445,551	193,611
55.00	05500	RADIOLOGY-THERAPEUTIC	0	847,673	3,970	94,219	151,919
56.00	05600	RADIOISOTOPE	0	194,363	1,745	63,071	10,618
57.00	05700	CT SCAN	0	658,519	2,709	73,480	21,539
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,008,619	3,149	96,100	49,577
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	61,496	994	14,912	15,207
60.00	06000	LABORATORY	0	1,721,462	21,413	679,623	175,133
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	645,216	10,435	224,015	29,439
65.01	03550	NEUROPSYCH TESTING	0	33,258	406	7,432	4,187

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			MVBLE EQUIP						
			2.00		2A	4.00	5.00	6.00	
66.00	06600	PHYSICAL THERAPY	0		1,200,057	19,554	329,008	130,414	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		2,181,384	8,521	299,749	71,738	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		164,828	1,528	27,164	12,733	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	19,577	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	509,266	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	1,874,300	0	73.00
74.00	07400	RENAL DIALYSIS	0		97,111	2,252	42,244	15,354	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0		78,588	473	8,133	9,153	75.01
75.02	03540	ORTHOTICS LAB	0		86,557	1,047	26,146	3,747	75.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		189,307	5,318	91,327	36,153	90.00
90.01	09001	CLINIC CSC	0		3,855,532	40,883	754,702	698,105	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0		929,777	8,718	161,195	186,319	90.02
90.03	09003	CLINIC WISMAN	0		788	1,496	20,798	12,391	90.03
90.04	09004	CLINIC WEST	0		612,348	14,446	275,982	367,093	90.04
90.05	09005	CLINIC EAST	0		543,786	7,584	137,228	324,990	90.05
90.06	09006	CLINIC RESEARCH PARK	0		133,396	2,506	56,483	78,173	90.06
90.07	09007	CLINIC DHC	0		762,950	3,592	54,514	92,875	90.07
91.00	09100	EMERGENCY	0		565,208	10,381	184,610	95,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		3,539,192	2,937	56,875	110,438	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
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		40,773	4,469	70,939	353	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0		341,530	3,689	119,287	21,221	105.00
106.00	10600	HEART ACQUISITION	0		1,535	517	25,442	3,458	106.00
107.00	10700	LIVER ACQUISITION	0		136,581	1,520	52,849	8,811	107.00
108.00	10800	LUNG ACQUISITION	0		2,479	789	38,137	5,000	108.00
109.00	10900	PANCREAS ACQUISITION	0		16,694	617	31,530	4,442	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	35	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	810	0	111.00
112.00	08600	POST TRANSPLANT	0		51,262	3,754	62,983	13,605	112.00
112.01	08601	PRE TRANSPLANT	0		0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0		0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0		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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0		63,225,365	588,608	13,264,335	5,212,153	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		35,437	216	8,856	8,835	190.00
191.00	19100	RESEARCH	0		0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0		0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0		351,556	3,080	69,236	126,144	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0		147,498	2,502	39,684	24,889	194.02
194.03	07953	FAMILY MEDICINE	0		0	0	1,832	0	194.03
194.04	07954	COMMUNICATION AIDS	0		0	27	6,355	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0		74,373	1,820	20,666	8,086	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0		8	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0		153,833	2,591	104,591	539	194.07
194.08	07958	RETAIL PHARMACIES	0		135,395	2,133	240,302	0	194.08
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		64,123,465	600,977	13,755,857	5,380,646	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAI SMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	0					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	136,187				8.00
9.00	00900	HOUSEKEEPING	0	6,910	843,430			9.00
10.00	01000	DIETARY	0	834	25,913	1,202,197		10.00
11.00	01100	CAFETERIA	0	0	0	901,540	901,540	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	106	18,154	0	38,097	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,917	26,266	0	33,384	14.00
15.00	01500	PHARMACY	0	430	19,752	0	46,022	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	17,176	0	2,905	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	34	3,021	0	2,474	18.01
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	813	9,018	0	115,598	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	557	0	2,160	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	1,700	23.02
23.03	02303	DIETARY PROGRAM	0	0	148	0	206	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	1	0	0	1,153	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	33	0	0	1,036	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	155	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	35,117	95,300	229,219	161,186	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	9,202	8,378	5,444	20,650	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	2,487	8,281	14,701	13,726	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	1,173	1,447	2,457	5,026	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,588	11,776	4,197	13,777	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	2,470	9,227	7,291	12,003	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,261	3,591	3,993	5,718	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	531	5,422	14,939	5,518	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,730	7,197	16,141	6,846	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,846	52,767	0	57,767	50.00
51.00	05100	RECOVERY ROOM	0	1,911	16,538	18	19,055	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,252	1,356	0	6,295	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,143	31,144	68	36,547	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	986	24,437	0	6,859	55.00
56.00	05600	RADIOISOTOPE	0	11	1,708	0	3,039	56.00
57.00	05700	CT SCAN	0	1,385	3,465	0	5,229	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,537	7,975	0	5,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2	2,446	0	2,515	59.01
60.00	06000	LABORATORY	0	107	28,172	0	49,134	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	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	27	4,735	0	23,288	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	674	0	1,401	65.01
66.00	06600	PHYSICAL THERAPY	0	874	20,978	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
69.00	06900	ELECTROCARDIOLOGY	0	2,879	11,540	54	16,759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	137	2,048	17	3,473	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	380	2,470	0	3,467	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	2	1,472	0	1,005	75.01
75.02	03540	ORTHOTICS LAB	0	21	603	0	1,517	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	5,816	0	16,780	90.00
90.01	09001	CLINIC CSC	0	5,844	112,295	760	96,654	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	176	29,971	0	0	90.02
90.03	09003	CLINIC WAI SMAN	0	4	1,993	0	0	90.03
90.04	09004	CLINIC WEST	0	1,092	59,050	0	0	90.04
90.05	09005	CLINIC EAST	0	371	52,277	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	49	12,575	0	0	90.06
90.07	09007	CLINIC DHC	0	538	14,940	0	0	90.07
91.00	09100	EMERGENCY	0	5,574	15,341	94	19,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	138	17,765	0	4,909	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	57	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	5	3,414	0	7,129	105.00
106.00	10600	HEART ACQUISITION	0	0	556	0	999	106.00
107.00	10700	LIVER ACQUISITION	0	2	1,417	0	2,938	107.00
108.00	10800	LUNG ACQUISITION	0	0	804	0	1,525	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	715	0	1,193	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	2,188	0	7,253	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	133,930	816,326	1,200,933	890,961	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,421	0	887	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	2,073	20,291	0	2,210	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	161	4,004	1,264	4,098	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	23	1,301	0	3,384	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	0	87	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
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	136,187	843,430	1,202,197	901,540	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAI SMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,659,474				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	71,907	1,996,311			14.00
15.00	01500	PHARMACY	0	0	26,429	2,128,496		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	10	0	534,304	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	268	99	797	18.01
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	75	2,369	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	236	70	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	8	3	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	84	96	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	405,549	133,954	142,253	52,293	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	51,957	44,845	37,658	11,058	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	34,534	40,249	11,406	6,243	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	12,646	9,098	6,448	2,200	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	34,664	21,067	10,807	7,840	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	30,199	15,254	10,797	6,722	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	14,386	10,615	7,513	1,983	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	13,882	841	1,575	1,751	40.00
41.00	04100	SUBPROVIDER - IRF	0	17,225	3,623	5,281	2,023	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	134,652	536,087	107,672	101,140	50.00
51.00	05100	RECOVERY ROOM	0	47,944	16,073	10,650	11,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,534	117,656	186,221	7,391	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,294	259,385	27,108	33,544	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,789	13,092	3,045	17,553	55.00
56.00	05600	RADIOISOTOPE	0	0	1,264	4,855	4,146	56.00
57.00	05700	CT SCAN	0	0	19,640	6,613	29,660	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	15,455	4,662	23,711	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	6,328	134	5	429	59.01
60.00	06000	LABORATORY	0	0	28,486	7,624	64,528	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	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	58,591	114,991	3,383	12,679	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	8	0	376	65.01
66.00	06600	PHYSICAL THERAPY	0	1,661	15,602	2,703	15,783	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/25/2013 3:36 pm	
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	32,203	252,530	16,519	30,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,253	1,618	1,236	2,605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,722	12,912	2,074	1,610	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	553	143	694	75.01
75.02	03540	ORTHOTICS LAB	0	0	18,079	62	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,280	0	0	0	90.00
90.01	09001	CLINIC CSC	0	225,181	130,556	42,538	26,878	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	58,783	5,808	7,227	4,096	90.02
90.03	09003	CLINIC WAI SMAN	0	2,788	630	20	352	90.03
90.04	09004	CLINIC WEST	0	80,235	22,917	6,733	7,339	90.04
90.05	09005	CLINIC EAST	0	43,479	6,971	3,155	3,440	90.05
90.06	09006	CLINIC RESEARCH PARK	0	15,834	10,129	1,283	1,681	90.06
90.07	09007	CLINIC DHC	0	19,385	25,843	2,936	1,806	90.07
91.00	09100	EMERGENCY	0	49,703	43,863	31,171	18,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	12,351	1,606	658	3,163	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	21,233	819	953	1,250	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	17,937	10,027	1,073	6,361	105.00
106.00	10600	HEART ACQUISITION	0	2,513	23	66	463	106.00
107.00	10700	LIVER ACQUISITION	0	7,393	4,041	432	1,226	107.00
108.00	10800	LUNG ACQUISITION	0	3,837	48	134	1,324	108.00
109.00	10900	PANCREAS ACQUISITION	0	3,001	458	49	758	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	8	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	7	111.00
112.00	08600	POST TRANSPLANT	0	18,248	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPD ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,625,101	1,993,960	719,378	528,919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	24,063	784	6,693	75	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	10,310	1,155	803	125	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	182	358	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	0	7	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	223	1,401,263	5,185	194.08
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	1,659,474	1,996,311	2,128,496	534,304	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

Period:
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Cost Center Description	OTHER GENERAL SERVICE					
	SOCIAL SERVICE	(SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	17.00	18.00	18.01	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02 00102	CAP REL COSTS- WEST CLINIC					1.02
1.03 00103	CAP REL COSTS- EAST CLINIC					1.03
1.04 00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05 00105	CAP REL COSTS- WAI SMAN					1.05
1.06 00106	CAP REL COSTS- USTATION					1.06
1.07 00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08 00101	CAP REL COSTS- EXCELSIOR 8501					1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
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	0				17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0			18.00
18.01 01851	HISTOCOMPATIBILITY LAB	0	0	219,556		18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	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-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PHARMACY PROGRAM	0	0	0	0	23.01
23.02 02302	EMERGENCY MED PROGRAM	0	0	0	0	23.02
23.03 02303	DIETARY PROGRAM	0	0	0	0	23.03
23.04 02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	23.04
23.05 02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	23.05
23.06 02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	31.01
31.02 03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	31.02
31.03 03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	31.03
31.04 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	31.04
31.05 03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	31.05
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	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	0	0	0	59.00
59.01 05901	CARDIAC REHABILITATION	0	0	0	0	59.01
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01 03550	NEUROPSYCH TESTING	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

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Part II
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Cost Center Description	OTHER GENERAL SERVICE					NURSING SCHOOL	
	SOCIAL SERVICE	(SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS			
	17.00	18.00	18.01	19.00	20.00		
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 PATIENTS	0	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0				73.00
74.00 07400 RENAL DIALYSIS	0	0	0				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0				75.00
75.01 03560 PULMONARY FUNCTION TESTING	0	0	0				75.01
75.02 03540 ORTHOTICS LAB	0	0	0				75.02
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0				90.00
90.01 09001 CLINIC CSC	0	0	0				90.01
90.02 09002 CLINIC UNIVERSITY STATION	0	0	0				90.02
90.03 09003 CLINIC WAI SMAN	0	0	0				90.03
90.04 09004 CLINIC WEST	0	0	0				90.04
90.05 09005 CLINIC EAST	0	0	0				90.05
90.06 09006 CLINIC RESEARCH PARK	0	0	0				90.06
90.07 09007 CLINIC DHC	0	0	0				90.07
91.00 09100 EMERGENCY	0	0	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0				92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0				94.00
95.00 09500 AMBULANCE SERVICES	0	0	0				95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0				96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0				97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0				98.00
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	0	0				101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	127,611				105.00
106.00 10600 HEART ACQUISITION	0	0	6,442				106.00
107.00 10700 LIVER ACQUISITION	0	0	6,132				107.00
108.00 10800 LUNG ACQUISITION	0	0	4,895				108.00
109.00 10900 PANCREAS ACQUISITION	0	0	1,769				109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0				110.00
111.00 11100 ISLET ACQUISITION	0	0	0				111.00
112.00 08600 POST TRANSPLANT	0	0	72,707				112.00
112.01 08601 PRE TRANSPLANT	0	0	0				112.01
112.02 08602 OPO ADMINISTRATIVE COSTS	0	0	0				112.02
113.00 11300 INTEREST EXPENSE	0	0	0				113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00 11600 HOSPICE	0	0	0				116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	219,556	0	0		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0				190.00
191.00 19100 RESEARCH	0	0	0				191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0				192.00
193.00 19300 NONPAID WORKERS	0	0	0				193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0				194.00
194.01 07951 OTHER AUXILIARY SERVICES	0	0	0				194.01
194.02 07952 CLINICAL RESEARCH CENTER	0	0	0				194.02
194.03 07953 FAMILY MEDICINE	0	0	0				194.03
194.04 07954 COMMUNICATION AIDS	0	0	0				194.04
194.05 07955 INVESTIGATIONAL PHARMACY	0	0	0				194.05
194.06 07956 RONALD MCDONALD CARE MOBILE	0	0	0				194.06
194.07 07957 PUBLIC AFFAIRS	0	0	0				194.07
194.08 07958 RETAIL PHARMACIES	0	0	0				194.08
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	219,556	0	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02 00102	CAP REL COSTS- WEST CLINIC					1.02
1.03 00103	CAP REL COSTS- EAST CLINIC					1.03
1.04 00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05 00105	CAP REL COSTS- WAI SMAN					1.05
1.06 00106	CAP REL COSTS- USTATION					1.06
1.07 00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08 00101	CAP REL COSTS- EXCELSIOR 8501					1.08
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
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	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01 01851	HISTOCOMPATIBILITY LAB					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	941,450				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			0		23.00
23.01 02301	PHARMACY PROGRAM				36,356	23.01
23.02 02302	EMERGENCY MED PROGRAM					23.02
23.03 02303	DIETARY PROGRAM					23.03
23.04 02304	RADIOLOGIC TECHNOLOGIST					23.04
23.05 02305	ULTRASOUND TECHNOLOGIST					23.05
23.06 02306	RADIOTHERAPY TECHNOLOGIST				152,382	23.06
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 02180	TRAUMA INTENSIVE CARE UNIT					31.01
31.02 03101	CARDIOTHORACIC SURGERY ICU					31.02
31.03 03102	CARDIAC INTENSIVE CARE UNIT					31.03
31.04 02080	PEDIATRIC INTENSIVE CARE UNIT					31.04
31.05 03103	NEURO INTENSIVE CARE UNIT					31.05
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
59.01 05901	CARDIAC REHABILITATION					59.01
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD LABORATORY					60.01
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
65.01 03550	NEUROPSYCH TESTING					65.01
66.00 06600	PHYSICAL THERAPY					66.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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Cost Center Description			INTERNS & RESIDENTS					
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM		EMERGENCY MED PROGRAM
			21.00	22.00	23.00	23.01		23.02
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.01	03560	PULMONARY FUNCTION TESTING						75.01
75.02	03540	ORTHOTICS LAB						75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	CLINIC CSC						90.01
90.02	09002	CLINIC UNIVERSITY STATION						90.02
90.03	09003	CLINIC WAI SMAN						90.03
90.04	09004	CLINIC WEST						90.04
90.05	09005	CLINIC EAST						90.05
90.06	09006	CLINIC RESEARCH PARK						90.06
90.07	09007	CLINIC DHC						90.07
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS						98.00
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	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	POST TRANSPLANT						112.00
112.01	08601	PRE TRANSPLANT						112.01
112.02	08602	OPO ADMINISTRATIVE COSTS						112.02
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
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01	07951	OTHER AUXILIARY SERVICES						194.01
194.02	07952	CLINICAL RESEARCH CENTER						194.02
194.03	07953	FAMILY MEDICINE						194.03
194.04	07954	COMMUNICATION AIDS						194.04
194.05	07955	INVESTIGATIONAL PHARMACY						194.05
194.06	07956	RONALD MCDONALD CARE MOBILE						194.06
194.07	07957	PUBLIC AFFAIRS						194.07
194.08	07958	RETAIL PHARMACIES						194.08
200.00		Cross Foot Adjustments	941,450	0	0	36,356	152,382	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	941,450	0	0	36,356	152,382	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

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Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
			23.03	23.04	23.05	23.06	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAI SMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
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	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	HISTOCOMPATIBILITY LAB						18.01
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 PRGM-(SPECIFY)						23.00
23.01	02301	PHARMACY PROGRAM						23.01
23.02	02302	EMERGENCY MED PROGRAM						23.02
23.03	02303	DIETARY PROGRAM	5,975					23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST		70,461				23.04
23.05	02305	ULTRASOUND TECHNOLOGIST			88,585			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST				1,029		23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					6,611,813	30.00
31.00	03100	INTENSIVE CARE UNIT					0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT					894,923	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU					679,696	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT					155,727	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT					729,365	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT					596,203	31.05
32.00	03200	CORONARY CARE UNIT					0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					253,399	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					271,855	40.00
41.00	04100	SUBPROVIDER - IRF					473,060	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					9,144,234	50.00
51.00	05100	RECOVERY ROOM					1,044,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					973,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					3,815,955	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					1,180,542	55.00
56.00	05600	RADIOISOTOPE					284,820	56.00
57.00	05700	CT SCAN					822,239	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					2,215,921	58.00
59.00	05900	CARDIAC CATHETERIZATION					0	59.00
59.01	05901	CARDIAC REHABILITATION					104,468	59.01
60.00	06000	LABORATORY					2,775,682	60.00
60.01	06001	BLOOD LABORATORY					0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					1,126,799	65.00
65.01	03550	NEUROPSYCH TESTING					47,742	65.01
66.00	06600	PHYSICAL THERAPY					1,736,634	66.00
67.00	06700	OCCUPATIONAL THERAPY					0	67.00
68.00	06800	SPEECH PATHOLOGY					0	68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
			23.03	23.04	23.05	23.06	24.00	
69.00	06900	ELECTROCARDIOLOGY					2,924,507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					219,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					19,577	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					509,266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					1,874,300	73.00
74.00	07400	RENAL DIALYSIS					188,596	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
75.01	03560	PULMONARY FUNCTION TESTING					100,216	75.01
75.02	03540	ORTHOTICS LAB					137,779	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					357,981	90.00
90.01	09001	CLINIC CSC					5,989,928	90.01
90.02	09002	CLINIC UNIVERSITY STATION					1,392,070	90.02
90.03	09003	CLINIC WAI SMAN					41,260	90.03
90.04	09004	CLINIC WEST					1,447,235	90.04
90.05	09005	CLINIC EAST					1,123,281	90.05
90.06	09006	CLINIC RESEARCH PARK					312,109	90.06
90.07	09007	CLINIC DHC					979,379	90.07
91.00	09100	EMERGENCY					1,039,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00
95.00	09500	AMBULANCE SERVICES					3,750,032	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00	09900	CMHC					0	99.00
99.10	09910	CORF					0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					140,846	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION					659,284	105.00
106.00	10600	HEART ACQUISITION					42,014	106.00
107.00	10700	LIVER ACQUISITION					223,342	107.00
108.00	10800	LUNG ACQUISITION					58,972	108.00
109.00	10900	PANCREAS ACQUISITION					61,226	109.00
110.00	11000	INTESTINAL ACQUISITION					43	110.00
111.00	11100	ISLET ACQUISITION					817	111.00
112.00	08600	POST TRANSPLANT					232,000	112.00
112.01	08601	PRE TRANSPLANT					0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS					0	112.02
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	11600	HOSPICE					0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	59,764,312	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					55,653	190.00
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
193.00	19300	NONPAID WORKERS					0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS					0	194.00
194.01	07951	OTHER AUXILIARY SERVICES					606,205	194.01
194.02	07952	CLINICAL RESEARCH CENTER					236,493	194.02
194.03	07953	FAMILY MEDICINE					1,832	194.03
194.04	07954	COMMUNICATION AIDS					6,382	194.04
194.05	07955	INVESTIGATIONAL PHARMACY					110,193	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE					8	194.06
194.07	07957	PUBLIC AFFAIRS					261,648	194.07
194.08	07958	RETAIL PHARMACIES					1,784,501	194.08
200.00		Cross Foot Adjustments	5,975	70,461	88,585	1,029	1,296,238	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,975	70,461	88,585	1,029	64,123,465	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK		1.01
1.02	00102	CAP REL COSTS- WEST CLINIC		1.02
1.03	00103	CAP REL COSTS- EAST CLINIC		1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND		1.04
1.05	00105	CAP REL COSTS- WAI SMAN		1.05
1.06	00106	CAP REL COSTS- USTATION		1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501		1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
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	OTHER GENERAL SERVICE (SPECIFY)		18.00
18.01	01851	HISTOCOMPATIBILITY LAB		18.01
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-(SPECIFY)		23.00
23.01	02301	PHARMACY PROGRAM		23.01
23.02	02302	EMERGENCY MED PROGRAM		23.02
23.03	02303	DIETARY PROGRAM		23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST		23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST		23.06
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,611,813	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	894,923	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	679,696	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	155,727	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	729,365	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	596,203	31.05
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	253,399	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	271,855	40.00
41.00	04100	SUBPROVIDER - IRF	473,060	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	9,144,234	50.00
51.00	05100	RECOVERY ROOM	1,044,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	973,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,815,955	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,180,542	55.00
56.00	05600	RADIOISOTOPE	284,820	56.00
57.00	05700	CT SCAN	822,239	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,215,921	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
59.01	05901	CARDIAC REHABILITATION	104,468	59.01
60.00	06000	LABORATORY	2,775,682	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,126,799	65.00
65.01	03550	NEUROPSYCH TESTING	47,742	65.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
66.00	06600	PHYSICAL THERAPY	0	1,736,634	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	2,924,507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	219,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,577	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	509,266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,874,300	73.00
74.00	07400	RENAL DIALYSIS	0	188,596	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	100,216	75.01
75.02	03540	ORTHO TICS LAB	0	137,779	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-357,981	0	90.00
90.01	09001	CLINIC CSC	190,007	6,179,935	90.01
90.02	09002	CLINIC UNIVERSITY STATION	44,158	1,436,228	90.02
90.03	09003	CLINIC WISCONSIN	1,309	42,569	90.03
90.04	09004	CLINIC WEST	45,908	1,493,143	90.04
90.05	09005	CLINIC EAST	35,632	1,158,913	90.05
90.06	09006	CLINIC RESEARCH PARK	9,900	322,009	90.06
90.07	09007	CLINIC DHC	31,067	1,010,446	90.07
91.00	09100	EMERGENCY	0	1,039,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	3,750,032	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
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	0	140,846	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	659,284	105.00
106.00	10600	HEART ACQUISITION	0	42,014	106.00
107.00	10700	LIVER ACQUISITION	0	223,342	107.00
108.00	10800	LUNG ACQUISITION	0	58,972	108.00
109.00	10900	PANCREAS ACQUISITION	0	61,226	109.00
110.00	11000	INTESTINAL ACQUISITION	0	43	110.00
111.00	11100	ISLET ACQUISITION	0	817	111.00
112.00	08600	POST TRANSPLANT	0	232,000	112.00
112.01	08601	PRE TRANSPLANT	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	112.02
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	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	59,764,312	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	55,653	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	606,205	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	236,493	194.02
194.03	07953	FAMILY MEDICINE	0	1,832	194.03
194.04	07954	COMMUNICATION AIDS	0	6,382	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	110,193	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	8	194.06
194.07	07957	PUBLIC AFFAIRS	0	261,648	194.07
194.08	07958	RETAIL PHARMACIES	0	1,784,501	194.08
200.00		Cross Foot Adjustments	0	1,296,238	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	64,123,465	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK	0	60,827				1.01
1.02	00102	CAP REL COSTS- WEST CLINIC	0	0	87,348			1.02
1.03	00103	CAP REL COSTS- EAST CLINIC	0	0	0	93,682		1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	971,607	1.04
1.05	00105	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	0	0	0	1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	0	0	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	3,932	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	0	192	85,418	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	216	190	1,890	100,471	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	3,022	8.00
9.00	00900	HOUSEKEEPING	0	443	1,213	2,422	20,329	9.00
10.00	01000	DIETARY	0	0	337	0	32,556	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	0	21,925	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	911	1,342	31,044	14.00
15.00	01500	PHARMACY	0	0	1,748	2,016	16,413	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,250	1,185	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	3,835	18.01
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	118	0	11,329	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	707	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	79	0	109	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	120,971	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	10,635	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	10,511	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	1,837	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	14,948	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	11,713	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	4,558	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	6,883	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	9,136	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	66,980	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	20,993	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,721	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,072	2,224	2,365	29,750	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	8,971	22,049	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,168	56.00
57.00	05700	CT SCAN	0	553	0	0	3,845	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,634	0	0	6,489	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	2,352	0	360	393	59.01
60.00	06000	LABORATORY	0	0	1,496	1,955	31,808	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	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	6,011	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	855	65.01
66.00	06600	PHYSICAL THERAPY	0	10,640	0	1,929	12,870	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
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	313	122	14,213	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,135	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	1,869	75.01
75.02	03540	ORTHOTICS LAB	0	765	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	464	1,189	902	3,512	90.00
90.01	09001	CLINIC CSC	0	0	244	310	141,895	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	306	90.02
90.03	09003	CLINIC WAI SMAN	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	73,297	157	1,502	90.04
90.05	09005	CLINIC EAST	0	15,430	0	66,359	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09007	CLINIC DHC	0	0	3,989	0	14,975	90.07
91.00	09100	EMERGENCY	0	0	0	0	19,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	22,550	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	72	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,723	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	112	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	699	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	193	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	138	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	2,778	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	37,569	87,348	93,542	961,144	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,804	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	23,258	0	140	1,816	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	5,082	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	1,651	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	0	0	0	110	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	194.08
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	728,193	543,101	423,982	17,928,882	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	11.971542	6.217670	4.525757	18.452813	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		CAPITAL RELATED COSTS					
		WAI SMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAI SMAN	3,062				1.05
1.06	00106	CAP REL COSTS- USTATION	0	44,579			1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007	0	0	36,002		1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501	0	0	0	45,886	1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					87,348
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	77	0	0	0
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	31,935	22,650	0
6.00	00600	MAINTENANCE & REPAIRS	0	565	2,057	639	190
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	613	0	0	1,213
10.00	01000	DIETARY	0	0	0	0	337
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,119	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44	0	0	911
15.00	01500	PHARMACY	0	1,247	2,010	1,638	1,748
16.00	01600	MEDICAL RECORDS & LIBRARY	0	123	0	18,245	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	HISTOCOMPATIBILITY LAB	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	118
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	0	0
23.03	02303	DIETARY PROGRAM	0	0	0	0	79
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0	0	0	0
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	528	0	1,595	2,224
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0
60.00	06000	LABORATORY	0	501	0	0	1,496
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		CAPITAL RELATED COSTS							
		WAI SMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.05	1.06	1.07	1.08	2.00			
66.00	06600	PHYSICAL THERAPY	0	1,189	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	313	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	1,315	0	0	0	1,189	90.00
90.01	09001	CLINIC CSC	0	96	0	0	0	244	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	37,738	0	0	0	0	90.02
90.03	09003	CLINIC WAI SMAN	2,530	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	73,297	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	532	0	0	0	0	0	90.06
90.07	09007	CLINIC DHC	0	0	0	0	0	3,989	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00	08600	POST TRANSPLANT	0	0	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,062	44,036	36,002	45,886	87,348		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	0	543	0	0	0	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	0	0	0	0	0	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	0	0	0	0	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	0	0	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	0	0	0	0	0	194.08
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	860,641	652,126	266,860	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	19.305974	18.113605	5.815717	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)							204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	CAPITAL RELATED COSTS					
	WAI SMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
	1.05	1.06	1.07	1.08	2.00	
205.00 Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5A	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAI SMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	424,332,437					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,885,554	-206,198,731	924,949,691			5.00
6.00	00600	MAINTENANCE & REPAIRS	8,267,446	0	45,379,628	1,098,662		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	51,415	0	3,813,889	3,022	0	8.00
9.00	00900	HOUSEKEEPING	8,491,868	0	15,914,958	25,020	0	9.00
10.00	01000	DIETARY	6,508,108	0	7,346,461	32,893	0	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	15,788,338	0	25,045,444	23,044	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,261,829	0	7,940,157	33,341	0	14.00
15.00	01500	PHARMACY	19,430,882	0	29,722,140	25,072	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,377,999	0	15,703,999	21,803	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	788,547	0	2,745,099	3,835	0	18.01
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	23,024,920	0	31,989,256	11,447	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	752,742	0	1,080,188	707	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	563,682	0	865,980	0	0	23.02
23.03	02303	DIETARY PROGRAM	59,780	0	138,870	188	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	418,869	0	527,602	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	411,589	0	550,393	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	58,672	0	53,176	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,582,486	0	92,093,022	120,971	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	7,604,238	0	13,945,780	10,635	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	5,292,135	0	8,707,311	10,511	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	1,996,409	0	3,185,875	1,837	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	5,807,646	0	9,339,036	14,948	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	4,614,641	0	8,493,424	11,713	0	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,296,152	0	3,805,567	4,558	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,173,526	0	3,320,648	6,883	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,308,066	0	3,849,927	9,136	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,007,927	0	64,910,495	66,980	0	50.00
51.00	05100	RECOVERY ROOM	6,903,132	0	11,462,609	20,993	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,428,854	0	7,287,741	1,721	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,260,346	0	29,959,029	39,533	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,803,647	0	6,335,339	31,020	0	55.00
56.00	05600	RADIOISOTOPE	1,232,693	0	4,240,940	2,168	0	56.00
57.00	05700	CT SCAN	1,912,922	0	4,940,844	4,398	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,223,637	0	6,461,786	10,123	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	701,900	0	1,002,684	3,105	0	59.01
60.00	06000	LABORATORY	15,121,992	0	45,698,158	35,760	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,369,355	0	15,062,847	6,011	0	65.00
65.01	03550	NEUROPSYCH TESTING	287,010	0	499,752	855	0	65.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5A	5.00	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	13,809,332	0	22,122,670	26,629	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	6,017,355	0	20,155,272	14,648	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,078,837	0	1,826,525	2,600	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,316,347	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	34,243,306	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	126,028,140	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,590,534	0	2,840,504	3,135	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	333,777	0	546,884	1,869	0	75.01
75.02	03540	ORTHOTICS LAB	739,697	0	1,758,102	765	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,755,985	0	6,140,861	7,382	0	90.00
90.01	09001	CLINIC CSC	28,872,444	0	50,746,472	142,545	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	6,157,067	0	10,838,819	38,044	0	90.02
90.03	09003	CLINIC WISMAN	1,056,774	0	1,398,452	2,530	0	90.03
90.04	09004	CLINIC WEST	10,202,172	0	18,557,165	74,956	0	90.04
90.05	09005	CLINIC EAST	5,356,263	0	9,227,258	66,359	0	90.05
90.06	09006	CLINIC RESEARCH PARK	1,769,625	0	3,797,964	15,962	0	90.06
90.07	09007	CLINIC DHC	2,536,855	0	3,665,530	18,964	0	90.07
91.00	09100	EMERGENCY	7,330,906	0	12,413,276	19,473	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,074,265	0	3,824,331	22,550	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	3,156,222	0	4,769,982	72	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,605,085	0	8,020,896	4,333	0	105.00
106.00	10600	HEART ACQUISITION	365,186	0	1,710,730	706	0	106.00
107.00	10700	LIVER ACQUISITION	1,073,551	0	3,553,602	1,799	0	107.00
108.00	10800	LUNG ACQUISITION	557,402	0	2,564,347	1,021	0	108.00
109.00	10900	PANCREAS ACQUISITION	435,738	0	2,120,109	907	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	2,342	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	54,473	0	0	111.00
112.00	08600	POST TRANSPLANT	2,650,829	0	4,235,035	2,778	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	415,596,855	-206,198,731	891,899,448	1,064,258	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	152,489	0	595,481	1,804	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	2,175,255	0	4,655,466	25,757	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	1,766,785	0	2,668,368	5,082	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	123,215	0	0	194.03
194.04	07954	COMMUNICATION AIDS	19,215	0	427,321	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	1,285,201	0	1,389,600	1,651	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	1,829,957	0	7,032,775	110	0	194.07
194.08	07958	RETAIL PHARMACIES	1,506,680	0	16,158,017	0	0	194.08
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)	9,989,443		206,198,731	55,496,108	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.023542		0.222930	50.512449	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	600,977		13,755,857	5,380,646	0	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5A	5.00	6.00	7.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001416		0.014872	4.897453	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAI SMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,931,330				8.00
9.00	00900	HOUSEKEEPING	199,487	1,070,620			9.00
10.00	01000	DIETARY	24,084	32,893	1,276,983		10.00
11.00	01100	CAFETERIA	0	0	957,624	436,920	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,059	23,044	0	18,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	55,349	33,341	0	16,179	14.00
15.00	01500	PHARMACY	12,422	25,072	0	22,304	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,803	0	1,408	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	979	3,835	0	1,199	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	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	23,464	11,447	0	56,023	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	707	0	1,047	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0	0	824	23.02
23.03	02303	DIETARY PROGRAM	0	188	0	100	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	33	0	0	559	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	952	0	0	502	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	75	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,013,697	120,971	243,478	78,118	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	265,638	10,635	5,783	10,008	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	71,781	10,511	15,615	6,652	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	33,874	1,837	2,610	2,436	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	74,709	14,948	4,458	6,677	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	71,294	11,713	7,745	5,817	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	65,263	4,558	4,241	2,771	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	15,327	6,883	15,868	2,674	40.00
41.00	04100	SUBPROVIDER - I RF	49,936	9,136	17,145	3,318	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,005,930	66,980	0	27,996	50.00
51.00	05100	RECOVERY ROOM	55,161	20,993	19	9,235	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	36,133	1,721	0	3,051	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,457	39,533	72	17,712	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28,454	31,020	0	3,324	55.00
56.00	05600	RADIOISOTOPE	325	2,168	0	1,473	56.00
57.00	05700	CT SCAN	39,978	4,398	0	2,534	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	44,365	10,123	0	2,489	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	50	3,105	0	1,219	59.01
60.00	06000	LABORATORY	3,095	35,760	0	23,812	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	766	6,011	0	11,286	65.00
65.01	03550	NEUROPSYCH TESTING	2	855	0	679	65.01
66.00	06600	PHYSICAL THERAPY	25,231	26,629	0	0	66.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
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	83,112	14,648	57	8,122	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,941	2,600	18	1,683	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	10,972	3,135	0	1,680	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	44	1,869	0	487	0	75.01
75.02	03540 ORTHOTICS LAB	601	765	0	735	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	7,382	0	8,132	0	90.00
90.01	09001 CLINIC CSC	168,694	142,545	807	46,842	0	90.01
90.02	09002 CLINIC UNIVERSITY STATION	5,073	38,044	0	0	0	90.02
90.03	09003 CLINIC WAI SMAN	120	2,530	0	0	0	90.03
90.04	09004 CLINIC WEST	31,525	74,956	0	0	0	90.04
90.05	09005 CLINIC EAST	10,721	66,359	0	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	1,404	15,962	0	0	0	90.06
90.07	09007 CLINIC DHC	15,523	18,964	0	0	0	90.07
91.00	09100 EMERGENCY	160,911	19,473	100	9,574	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	3,987	22,550	0	2,379	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
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	7	72	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	154	4,333	0	3,455	0	105.00
106.00	10600 HEART ACQUISITION	0	706	0	484	0	106.00
107.00	10700 LIVER ACQUISITION	62	1,799	0	1,424	0	107.00
108.00	10800 LUNG ACQUISITION	0	1,021	0	739	0	108.00
109.00	10900 PANCREAS ACQUISITION	7	907	0	578	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 POST TRANSPLANT	0	2,778	0	3,515	0	112.00
112.01	08601 PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602 OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
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)	3,866,153	1,036,216	1,275,640	431,793	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	1,804	0	430	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 OTHER AUXILIARY SERVICES	59,855	25,757	0	1,071	0	194.01
194.02	07952 CLINICAL RESEARCH CENTER	4,639	5,082	1,343	1,986	0	194.02
194.03	07953 FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954 COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955 INVESTIGATIONAL PHARMACY	676	1,651	0	1,640	0	194.05
194.06	07956 RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957 PUBLIC AFFAIRS	0	110	0	0	0	194.07
194.08	07958 RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,816,768	20,971,118	11,319,524	8,488,640	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.225226	19.587826	8.864271	19.428362	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	136,187	843,430	1,202,197	901,540	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.034641	0.787796	0.941435	2.063398	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK						1.01
1.02	00102	CAP REL COSTS- WEST CLINIC						1.02
1.03	00103	CAP REL COSTS- EAST CLINIC						1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	00105	CAP REL COSTS- WAI SMAN						1.05
1.06	00106	CAP REL COSTS- USTATION						1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007						1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501						1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
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	319,652					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,851	41,078,254				14.00
15.00	01500	PHARMACY	0	543,833	21,086,182			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	211	0	2,320,227,022		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	5,506	979	3,467,218	0	18.01
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	1,535	23,464	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	02302	EMERGENCY MED PROGRAM	0	4,846	696	0	0	23.02
23.03	02303	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	161	33	0	0	23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	1,720	952	0	0	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,118	2,756,367	1,409,240	227,359,786	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	10,008	922,780	373,062	48,078,081	0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	6,652	828,195	112,990	27,145,615	0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	2,436	187,213	63,881	9,565,329	0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	6,677	433,488	107,056	34,088,192	0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	5,817	313,879	106,958	29,225,896	0	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,771	218,423	74,433	8,622,222	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,674	17,298	15,607	7,611,495	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,318	74,549	52,313	8,795,291	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,937	11,031,255	1,066,660	436,909,774	0	50.00
51.00	05100	RECOVERY ROOM	9,235	330,741	105,503	48,194,825	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,607	2,421,008	1,844,812	32,136,914	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,909	5,337,363	268,550	145,844,949	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,234	269,400	30,165	76,318,085	0	55.00
56.00	05600	RADIOISOTOPE	0	26,005	48,097	18,028,084	0	56.00
57.00	05700	CT SCAN	0	404,142	65,514	128,957,435	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	318,016	46,187	103,089,280	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,219	2,767	51	1,864,592	0	59.01
60.00	06000	LABORATORY	0	586,161	75,532	280,555,970	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
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.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,286	2,366,175	33,513	55,127,026	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	174	2	1,632,835	0	65.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
66.00	06600	PHYSICAL THERAPY	320	321,043	26,780	68,622,353	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	6,203	5,196,302	163,643	133,179,468	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	434	33,284	12,247	11,323,990	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,680	265,680	20,551	6,998,672	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	11,387	1,419	3,018,844	0	75.01
75.02	03540	ORTHO TICS LAB	0	372,007	614	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,558	0	0	0	0	90.00
90.01	09001	CLINIC CSC	43,375	2,686,450	421,411	116,862,361	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	11,323	119,521	71,597	17,807,577	0	90.02
90.03	09003	CLINIC WAI SMAN	537	12,972	196	1,530,837	0	90.03
90.04	09004	CLINIC WEST	15,455	471,565	66,700	31,907,394	0	90.04
90.05	09005	CLINIC EAST	8,375	143,435	31,258	14,957,351	0	90.05
90.06	09006	CLINIC RESEARCH PARK	3,050	208,417	12,709	7,307,547	0	90.06
90.07	09007	CLINIC DHC	3,734	531,776	29,087	7,850,771	0	90.07
91.00	09100	EMERGENCY	9,574	902,574	308,794	79,529,500	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,379	33,043	6,520	13,750,307	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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	4,090	16,845	9,440	5,435,070	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,455	206,318	10,628	27,655,166	0	105.00
106.00	10600	HEART ACQUISITION	484	483	655	2,013,180	0	106.00
107.00	10700	LIVER ACQUISITION	1,424	83,146	4,283	5,332,118	0	107.00
108.00	10800	LUNG ACQUISITION	739	981	1,331	5,755,320	0	108.00
109.00	10900	PANCREAS ACQUISITION	578	9,424	485	3,297,250	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	32,839	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	31,185	0	111.00
112.00	08600	POST TRANSPLANT	3,515	0	0	0	0	112.00
112.01	08601	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300	INTEREST EXPENSE	0	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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	313,031	41,029,864	7,126,598	2,296,817,994	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7	7	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER AUXILIARY SERVICES	4,635	16,128	66,307	325,614	0	194.01
194.02	07952	CLINICAL RESEARCH CENTER	1,986	23,768	7,956	541,587	0	194.02
194.03	07953	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955	INVESTIGATIONAL PHARMACY	0	3,751	3,547	0	0	194.05
194.06	07956	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957	PUBLIC AFFAIRS	0	144	0	0	0	194.07
194.08	07958	RETAIL PHARMACIES	0	4,592	13,881,767	22,541,827	0	194.08
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)	32,606,670	13,842,512	38,737,461	20,760,713	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	102.006776	0.336979	1.837102	0.008948	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,659,474	1,996,311	2,128,496	534,304	0	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	5.191502	0.048598	0.100943	0.000230	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	OTHER GENERAL SERVICE				NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	(SPECIFY) (TIME SPENT)	HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)				
	18.00	18.01	19.00	20.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
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	OTHER GENERAL SERVICE (SPECIFY)	0				18.00
18.01	01851	HISTOCOMPATIBILITY LAB	0	27,676			18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		40,386	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	PHARMACY PROGRAM	0	0			23.01
23.02	02302	EMERGENCY MED PROGRAM	0	0			23.02
23.03	02303	DIETARY PROGRAM	0	0			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	0	0			23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	0			23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0			23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0		39,948	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0		0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0		0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0		0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0		0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0		0	31.05
32.00	03200	CORONARY CARE UNIT	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0		285	40.00
41.00	04100	SUBPROVIDER - IRF	0	0		153	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	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	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	(SPECIFY) (TIME SPENT)	HISTOCOMPATIBILITY LAB (# OF TESTS)						
	18.00	18.01	19.00	20.00				
65.01 03550 NEUROPSYCH TESTING	0	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
75.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	0	75.01
75.02 03540 ORTHOTICS LAB	0	0	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00
90.01 09001 CLINIC CSC	0	0	0	0	0	0	0	90.01
90.02 09002 CLINIC UNIVERSITY STATION	0	0	0	0	0	0	0	90.02
90.03 09003 CLINIC WAI SMAN	0	0	0	0	0	0	0	90.03
90.04 09004 CLINIC WEST	0	0	0	0	0	0	0	90.04
90.05 09005 CLINIC EAST	0	0	0	0	0	0	0	90.05
90.06 09006 CLINIC RESEARCH PARK	0	0	0	0	0	0	0	90.06
90.07 09007 CLINIC DHC	0	0	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0	16,086	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	812	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	773	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	617	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	223	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	0	111.00
112.00 08600 POST TRANSPLANT	0	9,165	0	0	0	0	0	112.00
112.01 08601 PRE TRANSPLANT	0	0	0	0	0	0	0	112.01
112.02 08602 OPO ADMINISTRATIVE COSTS	0	0	0	0	0	0	0	112.02
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	27,676	0	0	0	0	40,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	194.00
194.01 07951 OTHER AUXILIARY SERVICES	0	0	0	0	0	0	0	194.01
194.02 07952 CLINICAL RESEARCH CENTER	0	0	0	0	0	0	0	194.02
194.03 07953 FAMILY MEDICINE	0	0	0	0	0	0	0	194.03
194.04 07954 COMMUNICATION AIDS	0	0	0	0	0	0	0	194.04
194.05 07955 INVESTIGATIONAL PHARMACY	0	0	0	0	0	0	0	194.05
194.06 07956 RONALD MCDONALD CARE MOBILE	0	0	0	0	0	0	0	194.06
194.07 07957 PUBLIC AFFAIRS	0	0	0	0	0	0	0	194.07
194.08 07958 RETAIL PHARMACIES	0	0	0	0	0	0	0	194.08
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	3,685,071	0	0	0	0	41,083,866	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	133.150419	0.000000	0.000000	0.000000	0.000000	1,017.279899	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	OTHER GENERAL SERVICE				NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	(SPECIFY) (TIME SPENT)	HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)				
	18.00	18.01	19.00	20.00			
204.00	Cost to be allocated (per Wkst. B, Part II)	0	219,556	0	0	941,450	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	7.933083	0.000000	0.000000	23.311296	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
		22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK					1.01
1.02	00102	CAP REL COSTS- WEST CLINIC					1.02
1.03	00103	CAP REL COSTS- EAST CLINIC					1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND					1.04
1.05	00105	CAP REL COSTS- WAISMAN					1.05
1.06	00106	CAP REL COSTS- USTATION					1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007					1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501					1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
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	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	HISTOCOMPATIBILITY LAB					18.01
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	40,386				22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		0			23.00
23.01	02301	PHARMACY PROGRAM		0	1,000		23.01
23.02	02302	EMERGENCY MED PROGRAM		0	0	1,000	23.02
23.03	02303	DIETARY PROGRAM		0	0	0	100
23.04	02304	RADIOLOGIC TECHNOLOGIST		0	0	0	0
23.05	02305	ULTRASOUND TECHNOLOGIST		0	0	0	0
23.06	02306	RADIOTHERAPY TECHNOLOGIST		0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,948	0	0	0	100
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	285	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	153	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	
		22.00	23.00	23.01	23.02	23.03	
65.01	03550 NEUROPSYCH TESTING	0	0	0	0	0	65.01
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 PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	0	0	73.00
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
75.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540 ORTHOTICS LAB	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CLINIC CSC	0	0	0	0	0	90.01
90.02	09002 CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003 CLINIC WAI SMAN	0	0	0	0	0	90.03
90.04	09004 CLINIC WEST	0	0	0	0	0	90.04
90.05	09005 CLINIC EAST	0	0	0	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09007 CLINIC DHC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	1,000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 POST TRANSPLANT	0	0	0	0	0	112.00
112.01	08601 PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	08602 OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	11300 INTEREST EXPENSE	0	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	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	40,386	0	1,000	1,000	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
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	07952 CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	07953 FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	07954 COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	07955 INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	07956 RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	07957 PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	07958 RETAIL PHARMACIES	0	0	0	0	0	194.08
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	Cost to be allocated (per Wkst. B, Part I)	0	0	1,390,896	1,077,954	184,950	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1,390.896000	1,077.954000	1,849.500000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)						
	22.00						
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	36,356	152,382	5,975	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	36.356000	152.382000	59.750000	205.00

COST ALLOCATION - STATISTICAL BASIS

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Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
		23.04	23.05	23.06	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00109	CAP REL COSTS-RESEARCH PARK			1.01
1.02	00102	CAP REL COSTS- WEST CLINIC			1.02
1.03	00103	CAP REL COSTS- EAST CLINIC			1.03
1.04	00104	CAP REL COSTS- 600 HIGHLAND			1.04
1.05	00105	CAP REL COSTS- WAISSMAN			1.05
1.06	00106	CAP REL COSTS- USTATION			1.06
1.07	00107	CAP REL COSTS- EXCELSIOR 8007			1.07
1.08	00101	CAP REL COSTS- EXCELSIOR 8501			1.08
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
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	OTHER GENERAL SERVICE (SPECIFY)			18.00
18.01	01851	HISTOCOMPATIBILITY LAB			18.01
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-(SPECIFY)			23.00
23.01	02301	PHARMACY PROGRAM			23.01
23.02	02302	EMERGENCY MED PROGRAM			23.02
23.03	02303	DIETARY PROGRAM			23.03
23.04	02304	RADIOLOGIC TECHNOLOGIST	100		23.04
23.05	02305	ULTRASOUND TECHNOLOGIST	0	100	23.05
23.06	02306	RADIOTHERAPY TECHNOLOGIST	0	0	100
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0
31.01	02180	TRAUMA INTENSIVE CARE UNIT	0	0	0
31.02	03101	CARDIOTHORACIC SURGERY ICU	0	0	0
31.03	03102	CARDIAC INTENSIVE CARE UNIT	0	0	0
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0
31.05	03103	NEURO INTENSIVE CARE UNIT	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	100	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	100
56.00	05600	RADIOISOTOPE	0	0	0
57.00	05700	CT SCAN	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
59.01	05901	CARDIAC REHABILITATION	0	0	0
60.00	06000	LABORATORY	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0
65.01	03550	NEUROPSYCH TESTING	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520098

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

Worksheet B-1
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)	
		23.04	23.05	23.06	
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 PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	0	0	0	75.01
75.02	03540 ORTHOTICS LAB	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CLINIC CSC	0	0	0	90.01
90.02	09002 CLINIC UNIVERSITY STATION	0	0	0	90.02
90.03	09003 CLINIC WAI SMAN	0	0	0	90.03
90.04	09004 CLINIC WEST	0	0	0	90.04
90.05	09005 CLINIC EAST	0	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	0	0	0	90.06
90.07	09007 CLINIC DHC	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
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	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
112.00	08600 POST TRANSPLANT	0	0	0	112.00
112.01	08601 PRE TRANSPLANT	0	0	0	112.01
112.02	08602 OPO ADMINISTRATIVE COSTS	0	0	0	112.02
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
194.01	07951 OTHER AUXILIARY SERVICES	0	0	0	194.01
194.02	07952 CLINICAL RESEARCH CENTER	0	0	0	194.02
194.03	07953 FAMILY MEDICINE	0	0	0	194.03
194.04	07954 COMMUNICATION AIDS	0	0	0	194.04
194.05	07955 INVESTIGATIONAL PHARMACY	0	0	0	194.05
194.06	07956 RONALD MCDONALD CARE MOBILE	0	0	0	194.06
194.07	07957 PUBLIC AFFAIRS	0	0	0	194.07
194.08	07958 RETAIL PHARMACIES	0	0	0	194.08
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)	656,235	686,340	66,488	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6,562.350000	6,863.400000	664.880000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	70,461	88,585	1,029	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	704.610000	885.850000	10.290000	205.00

Provider CCN: 520098

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

Worksheet B-2

Date/Time Prepared:
11/25/2013 3:36 pm

	Description	Worksheet		Amount	
		Part	Line No.		
		1.00	2.00		
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	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00
7.00	ADJUST FOR NON-CAP	1	90.00	-8,446,247	7.00
8.00	ADJUST FOR NON-CAP	1	90.01	4,250,270	8.00
9.00	ADJUST FOR NON-CAP	1	90.02	921,451	9.00
10.00	ADJUST FOR NON-CAP	1	90.03	103,758	10.00
11.00	ADJUST FOR NON-CAP	1	90.04	1,594,307	11.00
12.00	ADJUST FOR NON-CAP	1	90.05	901,805	12.00
13.00	ADJUST FOR NON-CAP	1	90.06	329,934	13.00
14.00	ADJUST FOR NON-CAP	1	90.07	344,722	14.00
15.00	ADJUST FOR CAP	2	90.00	-357,981	15.00
16.00	ADJUST FOR CAP	2	90.01	190,007	16.00
17.00	ADJUST FOR CAP	2	90.02	44,158	17.00
18.00	ADJUST FOR CAP	2	90.03	1,309	18.00
19.00	ADJUST FOR CAP	2	90.04	45,908	19.00
20.00	ADJUST FOR CAP	2	90.05	35,632	20.00
21.00	ADJUST FOR CAP	2	90.06	9,900	21.00
22.00	ADJUST FOR CAP	2	90.07	31,067	22.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/25/2013 3:36 pm		
			Title XVIIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	139,727,077	139,727,077	0	139,727,077	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	20,818,795	20,818,795	0	20,818,795	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	13,148,963	13,148,963	0	13,148,963	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	4,651,365	4,651,365	0	4,651,365	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	14,058,490	14,058,490	0	14,058,490	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	12,634,117	12,634,117	0	12,634,117	31.05
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,715,008	5,715,008	0	5,715,008	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,130,183	5,130,183	0	5,130,183	40.00
41.00	04100	SUBPROVIDER - IRF	6,164,634	6,164,634	0	6,164,634	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	98,084,125	98,084,125	0	98,084,125	50.00
51.00	05100	RECOVERY ROOM	17,415,310	17,415,310	0	17,415,310	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	13,895,017	13,895,017	0	13,895,017	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,273,989	45,273,989	0	45,273,989	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,247,099	11,247,099	0	11,247,099	55.00
56.00	05600	RADIOISOTOPE	5,625,803	5,625,803	0	5,625,803	56.00
57.00	05700	CT SCAN	7,859,274	7,859,274	0	7,859,274	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,829,110	9,829,110	0	9,829,110	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	1,609,673	1,609,673	0	1,609,673	59.01
60.00	06000	LABORATORY	61,705,553	61,705,553	0	61,705,553	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21,565,829	21,565,829	0	21,565,829	65.00
65.01	03550	NEUROPSYCH TESTING	698,966	698,966	0	698,966	65.01
66.00	06600	PHYSICAL THERAPY	29,756,149	29,756,149	0	29,756,149	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	29,811,560	29,811,560	0	29,811,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,632,972	2,632,972	0	2,632,972	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,609,800	1,609,800	0	1,609,800	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,877,166	41,877,166	0	41,877,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	155,514,186	155,514,186	0	155,514,186	73.00
74.00	07400	RENAL DIALYSIS	4,100,864	4,100,864	0	4,100,864	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	842,792	842,792	0	842,792	75.01
75.02	03540	ORTHOTICS LAB	2,345,166	2,345,166	0	2,345,166	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CLINIC CSC	84,575,681	84,575,681	0	84,575,681	90.01
90.02	09002	CLINIC UNIVERSITY STATION	18,335,851	18,335,851	0	18,335,851	90.02
90.03	09003	CLINIC WAI SMAN	2,064,674	2,064,674	0	2,064,674	90.03
90.04	09004	CLINIC WEST	31,724,947	31,724,947	0	31,724,947	90.04
90.05	09005	CLINIC EAST	17,944,921	17,944,921	0	17,944,921	90.05
90.06	09006	CLINIC RESEARCH PARK	6,565,328	6,565,328	0	6,565,328	90.06
90.07	09007	CLINIC DHC	6,859,585	6,859,585	0	6,859,585	90.07
91.00	09100	EMERGENCY	20,567,307	20,567,307	0	20,567,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,797,957	6,797,957	0	6,797,957	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	6,697,580	6,697,580	0	6,697,580	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
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
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	6,327,269	6,327,269	0	6,327,269	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	13,010,850	13,010,850	0	13,010,850	105.00
106.00	10600	HEART ACQUISITION	2,327,866	2,327,866	0	2,327,866	106.00
107.00	10700	LIVER ACQUISITION	4,831,439	4,831,439	0	4,831,439	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098

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

Worksheet C
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
1.00	2.00	3.00	4.00	5.00				
108.00	10800	LUNG ACQUISITION	3,433,759		3,433,759		3,433,759	108.00
109.00	10900	PANCREAS ACQUISITION	2,789,789		2,789,789		2,789,789	109.00
110.00	11000	INTESTINAL ACQUISITION	3,158		3,158		3,158	110.00
111.00	11100	LIVER ACQUISITION	66,896		66,896		66,896	111.00
112.00	08600	POST TRANSPLANT	7,021,059		7,021,059		7,021,059	112.00
112.01	08601	PRE TRANSPLANT	0		0		0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0		0		0	112.02
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		0		0	116.00
200.00		Subtotal (see instructions)	1,027,294,951	0	1,027,294,951	0	1,027,294,951	200.00
201.00		Less Observation Beds	6,797,957		6,797,957		6,797,957	201.00
202.00		Total (see instructions)	1,020,496,994	0	1,020,496,994	0	1,020,496,994	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/25/2013 3:36 pm	
			Title XVIIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	209,169,511		209,169,511			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	48,066,774		48,066,774			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	26,573,807		26,573,807			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	9,545,952		9,545,952			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	34,006,601		34,006,601			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	29,218,413		29,218,413			31.05
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,239,455		8,239,455			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	7,411,251		7,411,251			40.00
41.00	04100	SUBPROVIDER - I RF	8,792,039		8,792,039			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	298,051,181	101,821,343	399,872,524	0.245288	0.000000	50.00
51.00	05100	RECOVERY ROOM	31,357,041	16,837,784	48,194,825	0.361352	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,425,948	9,701,823	32,127,771	0.432492	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,881,237	88,668,693	142,549,930	0.317601	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,668,127	72,648,507	76,316,634	0.147374	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,691,512	16,336,573	18,028,085	0.312058	0.000000	56.00
57.00	05700	CT SCAN	43,450,935	85,506,500	128,957,435	0.060945	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,317,753	84,771,527	103,089,280	0.095346	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	350,261	1,514,331	1,864,592	0.863284	0.000000	59.01
60.00	06000	LABORATORY	127,254,065	148,262,418	275,516,483	0.223963	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	42,220,832	12,826,815	55,047,647	0.391767	0.000000	65.00
65.01	03550	NEUROPSYCH TESTING	151,061	1,481,774	1,632,835	0.428069	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	31,092,355	37,529,998	68,622,353	0.433622	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	53,521,406	73,602,353	127,123,759	0.234508	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,766,945	5,557,045	11,323,990	0.232513	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,360,416	1,246,769	3,607,185	0.446276	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,656,895	8,803,596	52,460,491	0.798261	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,702,464	239,864,437	385,566,901	0.403339	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,843,697	0	5,843,697	0.701758	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	329,669	2,689,175	3,018,844	0.279177	0.000000	75.01
75.02	03540	ORTHOTICS LAB	899,802	2,196,310	3,096,112	0.757455	0.000000	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CLINIC CSC	9,487,806	106,814,394	116,302,200	0.727206	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION	31,307	17,776,270	17,807,577	1.029666	0.000000	90.02
90.03	09003	CLINIC WAI SMAN	1,760	1,529,077	1,530,837	1.348722	0.000000	90.03
90.04	09004	CLINIC WEST	541,627	31,364,050	31,905,677	0.994335	0.000000	90.04
90.05	09005	CLINIC EAST	19,396	14,937,956	14,957,352	1.199739	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK	6,151	7,301,396	7,307,547	0.898431	0.000000	90.06
90.07	09007	CLINIC DHC	17,832	7,832,939	7,850,771	0.873747	0.000000	90.07
91.00	09100	EMERGENCY	33,062,966	46,466,534	79,529,500	0.258612	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,292,151	20,292,151	0.335004	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	13,750,307	13,750,307	0.487086	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
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	299	5,434,771	5,435,070			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	27,623,610	31,556	27,655,166			105.00
106.00	10600	HEART ACQUISITION	2,013,180	0	2,013,180			106.00
107.00	10700	LIVER ACQUISITION	5,332,118	0	5,332,118			107.00
108.00	10800	LUNG ACQUISITION	5,755,320	0	5,755,320			108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098

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

Worksheet C
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
109.00	10900	PANCREAS ACQUISITION	3,297,250	0	3,297,250				109.00
110.00	11000	INTESTINAL ACQUISITION	32,839	0	32,839				110.00
111.00	11100	ISLET ACQUISITION	31,185	0	31,185				111.00
112.00	08600	POST TRANSPLANT	0	0	0				112.00
112.01	08601	PRE TRANSPLANT	0	0	0				112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0				112.02
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	0	0				116.00
200.00		Subtotal (see instructions)	1,400,272,051	1,285,399,172	2,685,671,223				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,400,272,051	1,285,399,172	2,685,671,223				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/25/2013 3:36 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02180 TRAUMA INTENSIVE CARE UNIT			31.01
31.02	03101 CARDIOTHORACIC SURGERY ICU			31.02
31.03	03102 CARDIAC INTENSIVE CARE UNIT			31.03
31.04	02080 PEDIATRIC INTENSIVE CARE UNIT			31.04
31.05	03103 NEURO INTENSIVE CARE UNIT			31.05
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.245288		50.00
51.00	05100 RECOVERY ROOM	0.361352		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.432492		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.317601		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.147374		55.00
56.00	05600 RADIOISOTOPE	0.312058		56.00
57.00	05700 CT SCAN	0.060945		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.095346		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
59.01	05901 CARDIAC REHABILITATION	0.863284		59.01
60.00	06000 LABORATORY	0.223963		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.391767		65.00
65.01	03550 NEUROPSYCH TESTING	0.428069		65.01
66.00	06600 PHYSICAL THERAPY	0.433622		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.234508		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.232513		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.446276		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.798261		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.403339		73.00
74.00	07400 RENAL DIALYSIS	0.701758		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03560 PULMONARY FUNCTION TESTING	0.279177		75.01
75.02	03540 ORTHOTICS LAB	0.757455		75.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 CLINIC CSC	0.727206		90.01
90.02	09002 CLINIC UNIVERSITY STATION	1.029666		90.02
90.03	09003 CLINIC WATSMAN	1.348722		90.03
90.04	09004 CLINIC WEST	0.994335		90.04
90.05	09005 CLINIC EAST	1.199739		90.05
90.06	09006 CLINIC RESEARCH PARK	0.898431		90.06
90.07	09007 CLINIC DHC	0.873747		90.07
91.00	09100 EMERGENCY	0.258612		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.335004		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.487086		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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 INTESTINAL ACQUISITION			110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098

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

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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
111.00	11100				111.00
112.00	08600				112.00
112.01	08601				112.01
112.02	08602				112.02
113.00	11300				113.00
114.00	11400				114.00
115.00	11500				115.00
116.00	11600				116.00
200.00					200.00
201.00					201.00
202.00					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/25/2013 3:36 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	139,727,077		139,727,077	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01 02180 TRAUMA INTENSIVE CARE UNIT	20,818,795		20,818,795	0	0	31.01
31.02 03101 CARDIOTHORACIC SURGERY ICU	13,148,963		13,148,963	0	0	31.02
31.03 03102 CARDIAC INTENSIVE CARE UNIT	4,651,365		4,651,365	0	0	31.03
31.04 02080 PEDIATRIC INTENSIVE CARE UNIT	14,058,490		14,058,490	0	0	31.04
31.05 03103 NEURO INTENSIVE CARE UNIT	12,634,117		12,634,117	0	0	31.05
32.00 03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	5,715,008		5,715,008	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	5,130,183		5,130,183	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	6,164,634		6,164,634	0	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	98,084,125		98,084,125	0	0	50.00
51.00 05100 RECOVERY ROOM	17,415,310		17,415,310	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	13,895,017		13,895,017	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	45,273,989		45,273,989	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	11,247,099		11,247,099	0	0	55.00
56.00 05600 RADIOISOTOPE	5,625,803		5,625,803	0	0	56.00
57.00 05700 CT SCAN	7,859,274		7,859,274	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	9,829,110		9,829,110	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
59.01 05901 CARDIAC REHABILITATION	1,609,673		1,609,673	0	0	59.01
60.00 06000 LABORATORY	61,705,553		61,705,553	0	0	60.00
60.01 06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	21,565,829	0	21,565,829	0	0	65.00
65.01 03550 NEUROPSYCH TESTING	698,966	0	698,966	0	0	65.01
66.00 06600 PHYSICAL THERAPY	29,756,149	0	29,756,149	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	29,811,560		29,811,560	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,632,972		2,632,972	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,609,800		1,609,800	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	41,877,166		41,877,166	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	155,514,186		155,514,186	0	0	73.00
74.00 07400 RENAL DIALYSIS	4,100,864		4,100,864	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01 03560 PULMONARY FUNCTION TESTING	842,792		842,792	0	0	75.01
75.02 03540 ORTHOTICS LAB	2,345,166		2,345,166	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0		0	0	0	90.00
90.01 09001 CLINIC CSC	84,575,681		84,575,681	0	0	90.01
90.02 09002 CLINIC UNIVERSITY STATION	18,335,851		18,335,851	0	0	90.02
90.03 09003 CLINIC WAI SMAN	2,064,674		2,064,674	0	0	90.03
90.04 09004 CLINIC WEST	31,724,947		31,724,947	0	0	90.04
90.05 09005 CLINIC EAST	17,944,921		17,944,921	0	0	90.05
90.06 09006 CLINIC RESEARCH PARK	6,565,328		6,565,328	0	0	90.06
90.07 09007 CLINIC DHC	6,859,585		6,859,585	0	0	90.07
91.00 09100 EMERGENCY	20,567,307		20,567,307	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,797,957		6,797,957	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	6,697,580		6,697,580	0	0	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
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
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	6,327,269		6,327,269	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	13,010,850		13,010,850	0	0	105.00
106.00 10600 HEART ACQUISITION	2,327,866		2,327,866	0	0	106.00
107.00 10700 LIVER ACQUISITION	4,831,439		4,831,439	0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098

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

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Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
108.00	10800	LUNG ACQUISITION	3,433,759		3,433,759		0	108.00
109.00	10900	PANCREAS ACQUISITION	2,789,789		2,789,789		0	109.00
110.00	11000	INTESTINAL ACQUISITION	3,158		3,158		0	110.00
111.00	11100	LIVER ACQUISITION	66,896		66,896		0	111.00
112.00	08600	POST TRANSPLANT	7,021,059		7,021,059		0	112.00
112.01	08601	PRE TRANSPLANT	0		0		0	112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0		0		0	112.02
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		0		0	116.00
200.00		Subtotal (see instructions)	1,027,294,951	0	1,027,294,951	0	0	200.00
201.00		Less Observation Beds	6,797,957		6,797,957			201.00
202.00		Total (see instructions)	1,020,496,994	0	1,020,496,994	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/25/2013 3:36 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	209,169,511		209,169,511			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT	48,066,774		48,066,774			31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU	26,573,807		26,573,807			31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT	9,545,952		9,545,952			31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT	34,006,601		34,006,601			31.04
31.05	03103	NEURO INTENSIVE CARE UNIT	29,218,413		29,218,413			31.05
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,239,455		8,239,455			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	7,411,251		7,411,251			40.00
41.00	04100	SUBPROVIDER - I RF	8,792,039		8,792,039			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	298,051,181	101,821,343	399,872,524	0.245288	0.000000	50.00
51.00	05100	RECOVERY ROOM	31,357,041	16,837,784	48,194,825	0.361352	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,425,948	9,701,823	32,127,771	0.432492	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,881,237	88,668,693	142,549,930	0.317601	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,668,127	72,648,507	76,316,634	0.147374	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,691,512	16,336,573	18,028,085	0.312058	0.000000	56.00
57.00	05700	CT SCAN	43,450,935	85,506,500	128,957,435	0.060945	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,317,753	84,771,527	103,089,280	0.095346	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	05901	CARDIAC REHABILITATION	350,261	1,514,331	1,864,592	0.863284	0.000000	59.01
60.00	06000	LABORATORY	127,254,065	148,262,418	275,516,483	0.223963	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	42,220,832	12,826,815	55,047,647	0.391767	0.000000	65.00
65.01	03550	NEUROPSYCH TESTING	151,061	1,481,774	1,632,835	0.428069	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	31,092,355	37,529,998	68,622,353	0.433622	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	53,521,406	73,602,353	127,123,759	0.234508	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,766,945	5,557,045	11,323,990	0.232513	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,360,416	1,246,769	3,607,185	0.446276	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,656,895	8,803,596	52,460,491	0.798261	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,702,464	239,864,437	385,566,901	0.403339	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,843,697	0	5,843,697	0.701758	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03560	PULMONARY FUNCTION TESTING	329,669	2,689,175	3,018,844	0.279177	0.000000	75.01
75.02	03540	ORTHOTICS LAB	899,802	2,196,310	3,096,112	0.757455	0.000000	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CLINIC CSC	9,487,806	106,814,394	116,302,200	0.727206	0.000000	90.01
90.02	09002	CLINIC UNIVERSITY STATION	31,307	17,776,270	17,807,577	1.029666	0.000000	90.02
90.03	09003	CLINIC WAI SMAN	1,760	1,529,077	1,530,837	1.348722	0.000000	90.03
90.04	09004	CLINIC WEST	541,627	31,364,050	31,905,677	0.994335	0.000000	90.04
90.05	09005	CLINIC EAST	19,396	14,937,956	14,957,352	1.199739	0.000000	90.05
90.06	09006	CLINIC RESEARCH PARK	6,151	7,301,396	7,307,547	0.898431	0.000000	90.06
90.07	09007	CLINIC DHC	17,832	7,832,939	7,850,771	0.873747	0.000000	90.07
91.00	09100	EMERGENCY	33,062,966	46,466,534	79,529,500	0.258612	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,292,151	20,292,151	0.335004	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	13,750,307	13,750,307	0.487086	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
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	299	5,434,771	5,435,070			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	27,623,610	31,556	27,655,166			105.00
106.00	10600	HEART ACQUISITION	2,013,180	0	2,013,180			106.00
107.00	10700	LIVER ACQUISITION	5,332,118	0	5,332,118			107.00
108.00	10800	LUNG ACQUISITION	5,755,320	0	5,755,320			108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098

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

Worksheet C
Part I
Date/Time Prepared:
11/25/2013 3:36 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
109.00	10900	PANCREAS ACQUISITION	3,297,250	0	3,297,250				109.00
110.00	11000	INTESTINAL ACQUISITION	32,839	0	32,839				110.00
111.00	11100	ISLET ACQUISITION	31,185	0	31,185				111.00
112.00	08600	POST TRANSPLANT	0	0	0				112.00
112.01	08601	PRE TRANSPLANT	0	0	0				112.01
112.02	08602	OPO ADMINISTRATIVE COSTS	0	0	0				112.02
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	0	0				116.00
200.00		Subtotal (see instructions)	1,400,272,051	1,285,399,172	2,685,671,223				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,400,272,051	1,285,399,172	2,685,671,223				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/25/2013 3:36 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02180 TRAUMA INTENSIVE CARE UNIT			31.01
31.02	03101 CARDIOTHORACIC SURGERY ICU			31.02
31.03	03102 CARDIAC INTENSIVE CARE UNIT			31.03
31.04	02080 PEDIATRIC INTENSIVE CARE UNIT			31.04
31.05	03103 NEURO INTENSIVE CARE UNIT			31.05
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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	0.000000		59.00
59.01	05901 CARDIAC REHABILITATION	0.000000		59.01
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	03550 NEUROPSYCH TESTING	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03560 PULMONARY FUNCTION TESTING	0.000000		75.01
75.02	03540 ORTHOTICS LAB	0.000000		75.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 CLINIC CSC	0.000000		90.01
90.02	09002 CLINIC UNIVERSITY STATION	0.000000		90.02
90.03	09003 CLINIC WAI SMAN	0.000000		90.03
90.04	09004 CLINIC WEST	0.000000		90.04
90.05	09005 CLINIC EAST	0.000000		90.05
90.06	09006 CLINIC RESEARCH PARK	0.000000		90.06
90.07	09007 CLINIC DHC	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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 INTESTINAL ACQUISITION			110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/25/2013 3:36 pm
		Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
		11.00		
111.00	11100	ISLET ACQUISITION		111.00
112.00	08600	POST TRANSPLANT		112.00
112.01	08601	PRE TRANSPLANT		112.01
112.02	08602	OPO ADMINISTRATIVE COSTS		112.02
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part I Date/Time Prepared: 11/25/2013 3:36 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,611,813	0	6,611,813	114,508	57.74	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	894,923		894,923	7,781	115.01	31.01
31.02	CARDIOTHORACIC SURGERY ICU	679,696		679,696	2,036	333.84	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	155,727		155,727	1,714	90.86	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	729,365		729,365	5,339	136.61	31.04
31.05	NEURO INTENSIVE CARE UNIT	596,203		596,203	5,012	118.96	31.05
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	253,399		253,399	1,933	131.09	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	271,855	0	271,855	5,095	53.36	40.00
41.00	SUBPROVIDER - IRF	473,060	0	473,060	5,653	83.68	41.00
200.00	Total (Lines 30-199)	10,666,041		10,666,041	149,071		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	41,080	2,371,959	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	2,614	300,636	31.01
31.02	CARDIOTHORACIC SURGERY ICU	684	228,347	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	576	52,335	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	13	1,776	31.04
31.05	NEURO INTENSIVE CARE UNIT	1,684	200,329	31.05
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	90	11,798	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	1,938	103,412	40.00
41.00	SUBPROVIDER - IRF	1,716	143,595	41.00
200.00	Total (Lines 30-199)	50,395	3,414,187	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/25/2013 3:36 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,144,234	399,872,524	0.022868	89,079,650	2,037,073	50.00
51.00	05100	RECOVERY ROOM	1,044,209	48,194,825	0.021666	10,158,447	220,093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	973,966	32,127,771	0.030315	6,559,803	198,860	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,815,955	142,549,930	0.026769	16,802,314	449,781	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,180,542	76,316,634	0.015469	1,204,589	18,634	55.00
56.00	05600	RADIOISOTOPE	284,820	18,028,085	0.015799	642,795	10,156	56.00
57.00	05700	CT SCAN	822,239	128,957,435	0.006376	15,441,430	98,455	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,215,921	103,089,280	0.021495	5,378,081	115,602	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	104,468	1,864,592	0.056027	134,237	7,521	59.01
60.00	06000	LABORATORY	2,775,682	275,516,483	0.010074	46,167,030	465,087	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	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.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,126,799	55,047,647	0.020470	13,254,094	271,311	65.00
65.01	03550	NEUROPSYCH TESTING	47,742	1,632,835	0.029239	45,424	1,328	65.01
66.00	06600	PHYSICAL THERAPY	1,736,634	68,622,353	0.025307	7,861,795	198,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,924,507	127,123,759	0.023005	21,689,936	498,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	219,640	11,323,990	0.019396	1,316,971	25,544	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,577	3,607,185	0.005427	934,566	5,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	509,266	52,460,491	0.009708	14,719,559	142,897	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,874,300	385,566,901	0.004861	48,404,924	235,296	73.00
74.00	07400	RENAL DIALYSIS	188,596	5,843,697	0.032273	3,200,413	103,287	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	100,216	3,018,844	0.033197	106,217	3,526	75.01
75.02	03540	ORTHOTICS LAB	137,779	3,096,112	0.044501	200,450	8,920	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CLINIC CSC	6,179,935	116,302,200	0.053137	3,861,604	205,194	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1,436,228	17,807,577	0.080653	20,429	1,648	90.02
90.03	09003	CLINIC WAI SMAN	42,569	1,530,837	0.027808	214	6	90.03
90.04	09004	CLINIC WEST	1,493,143	31,905,677	0.046799	205,676	9,625	90.04
90.05	09005	CLINIC EAST	1,158,913	14,957,352	0.077481	14,662	1,136	90.05
90.06	09006	CLINIC RESEARCH PARK	322,009	7,307,547	0.044065	3,526	155	90.06
90.07	09007	CLINIC DHC	1,010,446	7,850,771	0.128707	13,627	1,754	90.07
91.00	09100	EMERGENCY	1,039,360	79,529,500	0.013069	10,412,718	136,084	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	321,673	20,292,151	0.015852	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
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
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	44,251,368	2,241,344,985		317,835,181	5,471,980	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/25/2013 3:36 pm
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Cost Center Description	Title XVIII					Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Hospital	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	184,950	0	0	184,950	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02180 TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02 03101 CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03 03102 CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04 02080 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05 03103 NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
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
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00 Total (lines 30-199)	0	184,950	0	0	184,950	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	114,508	1.62	41,080	66,550	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0.00	0	0	31.00
31.01 02180 TRAUMA INTENSIVE CARE UNIT	7,781	0.00	2,614	0	31.01
31.02 03101 CARDIOTHORACIC SURGERY ICU	2,036	0.00	684	0	31.02
31.03 03102 CARDIAC INTENSIVE CARE UNIT	1,714	0.00	576	0	31.03
31.04 02080 PEDIATRIC INTENSIVE CARE UNIT	5,339	0.00	13	0	31.04
31.05 03103 NEURO INTENSIVE CARE UNIT	5,012	0.00	1,684	0	31.05
32.00 03200 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	1,933	0.00	90	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	5,095	0.00	1,938	0	40.00
41.00 04100 SUBPROVIDER - IRF	5,653	0.00	1,716	0	41.00
200.00 Total (lines 30-199)	149,071		50,395	66,550	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 3:36 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,342,575	0	1,342,575	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	66,488	0	66,488	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,390,896	0	1,390,896	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	0	0	90.02
90.03	09003	CLINIC WAI SMAN	0	0	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	0	0	90.06
90.07	09007	CLINIC DHC	0	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	1,077,954	0	1,077,954	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	9,000	0	9,000	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	3,886,913	0	3,886,913	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 3:36 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	399,872,524	0.000000	0.000000	89,079,650	50.00
51.00	05100 RECOVERY ROOM	0	48,194,825	0.000000	0.000000	10,158,447	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	32,127,771	0.000000	0.000000	6,559,803	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,342,575	142,549,930	0.009418	0.009418	16,802,314	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	66,488	76,316,634	0.000871	0.000871	1,204,589	55.00
56.00	05600 RADIOISOTOPE	0	18,028,085	0.000000	0.000000	642,795	56.00
57.00	05700 CT SCAN	0	128,957,435	0.000000	0.000000	15,441,430	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	103,089,280	0.000000	0.000000	5,378,081	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	05901 CARDIAC REHABILITATION	0	1,864,592	0.000000	0.000000	134,237	59.01
60.00	06000 LABORATORY	0	275,516,483	0.000000	0.000000	46,167,030	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	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	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	55,047,647	0.000000	0.000000	13,254,094	65.00
65.01	03550 NEUROPSYCH TESTING	0	1,632,835	0.000000	0.000000	45,424	65.01
66.00	06600 PHYSICAL THERAPY	0	68,622,353	0.000000	0.000000	7,861,795	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	127,123,759	0.000000	0.000000	21,689,936	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	11,323,990	0.000000	0.000000	1,316,971	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,607,185	0.000000	0.000000	934,566	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	52,460,491	0.000000	0.000000	14,719,559	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,390,896	385,566,901	0.003607	0.003607	48,404,924	73.00
74.00	07400 RENAL DIALYSIS	0	5,843,697	0.000000	0.000000	3,200,413	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	0	3,018,844	0.000000	0.000000	106,217	75.01
75.02	03540 ORTHOTICS LAB	0	3,096,112	0.000000	0.000000	200,450	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 CLINIC CSC	0	116,302,200	0.000000	0.000000	3,861,604	90.01
90.02	09002 CLINIC UNIVERSITY STATION	0	17,807,577	0.000000	0.000000	20,429	90.02
90.03	09003 CLINIC WAI SMAN	0	1,530,837	0.000000	0.000000	214	90.03
90.04	09004 CLINIC WEST	0	31,905,677	0.000000	0.000000	205,676	90.04
90.05	09005 CLINIC EAST	0	14,957,352	0.000000	0.000000	14,662	90.05
90.06	09006 CLINIC RESEARCH PARK	0	7,307,547	0.000000	0.000000	3,526	90.06
90.07	09007 CLINIC DHC	0	7,850,771	0.000000	0.000000	13,627	90.07
91.00	09100 EMERGENCY	1,077,954	79,529,500	0.013554	0.013554	10,412,718	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,000	20,292,151	0.000444	0.000444	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	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
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	3,886,913	2,241,344,985			317,835,181	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 3:36 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	20,851,690	0		50.00
51.00	05100 RECOVERY ROOM	0	3,670,311	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,658,832	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	158,244	20,135,943	189,640		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,049	20,985,460	18,278		55.00
56.00	05600 RADIOISOTOPE	0	4,412,865	0		56.00
57.00	05700 CT SCAN	0	26,771,544	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,789,245	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
59.01	05901 CARDIAC REHABILITATION	0	592,502	0		59.01
60.00	06000 LABORATORY	0	5,557,396	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		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	0	438,542	0		65.00
65.01	03550 NEUROPSYCH TESTING	0	330,500	0		65.01
66.00	06600 PHYSICAL THERAPY	0	227,078	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	23,773,738	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	950,904	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	114,241	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,814,622	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	174,597	56,078,690	202,276		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03560 PULMONARY FUNCTION TESTING	0	729,330	0		75.01
75.02	03540 ORTHOTICS LAB	0	334	0		75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 CLINIC CSC	0	29,257,039	0		90.01
90.02	09002 CLINIC UNIVERSITY STATION	0	5,987,027	0		90.02
90.03	09003 CLINIC WATSON	0	19,294	0		90.03
90.04	09004 CLINIC WEST	0	7,726,418	0		90.04
90.05	09005 CLINIC EAST	0	3,779,307	0		90.05
90.06	09006 CLINIC RESEARCH PARK	0	960,378	0		90.06
90.07	09007 CLINIC DHC	0	1,851,307	0		90.07
91.00	09100 EMERGENCY	141,134	8,944,571	121,235		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (Lines 50-199)	475,024	263,409,108	531,429		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/25/2013 3:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.245288	20,851,690	0	0	5,114,669	50.00
51.00	05100	RECOVERY ROOM	0.361352	3,670,311	0	0	1,326,274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.432492	1,658,832	0	0	717,432	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317601	20,135,943	0	0	6,395,196	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.147374	20,985,460	0	0	3,092,711	55.00
56.00	05600	RADIOISOTOPE	0.312058	4,412,865	0	0	1,377,070	56.00
57.00	05700	CT SCAN	0.060945	26,771,544	0	0	1,631,592	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095346	14,789,245	0	0	1,410,095	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.863284	592,502	0	0	511,497	59.01
60.00	06000	LABORATORY	0.223963	5,557,396	28,032	0	1,244,651	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	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.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.391767	438,542	0	0	171,806	65.00
65.01	03550	NEUROPSYCH TESTING	0.428069	330,500	0	0	141,477	65.01
66.00	06600	PHYSICAL THERAPY	0.433622	227,078	0	0	98,466	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.234508	23,773,738	0	0	5,575,132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232513	950,904	0	0	221,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.446276	114,241	2,126	0	50,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.798261	2,814,622	105,129	0	2,246,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403339	56,078,690	8,746	384,692	22,618,723	73.00
74.00	07400	RENAL DIALYSIS	0.701758	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.279177	729,330	0	0	203,612	75.01
75.02	03540	ORTHOTICS LAB	0.757455	334	0	0	253	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0.727206	29,257,039	0	0	21,275,894	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1.029666	5,987,027	0	0	6,164,638	90.02
90.03	09003	CLINIC WAI SMAN	1.348722	19,294	0	0	26,022	90.03
90.04	09004	CLINIC WEST	0.994335	7,726,418	0	0	7,682,648	90.04
90.05	09005	CLINIC EAST	1.199739	3,779,307	0	0	4,534,182	90.05
90.06	09006	CLINIC RESEARCH PARK	0.898431	960,378	0	0	862,833	90.06
90.07	09007	CLINIC DHC	0.873747	1,851,307	0	0	1,617,574	90.07
91.00	09100	EMERGENCY	0.258612	8,944,571	0	0	2,313,173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335004	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.487086	0	0	0	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		263,409,108	144,033	384,692	98,626,504	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		263,409,108	144,033	384,692	98,626,504	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/25/2013 3:36 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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
59.01 05901 CARDIAC REHABILITATION	0	0		59.01
60.00 06000 LABORATORY	6,278	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		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
65.01 03550 NEUROPSYCH TESTING	0	0		65.01
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	949	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	83,920	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,528	155,161		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 03560 PULMONARY FUNCTION TESTING	0	0		75.01
75.02 03540 ORTHOTICS LAB	0	0		75.02
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CLINIC CSC	0	0		90.01
90.02 09002 CLINIC UNIVERSITY STATION	0	0		90.02
90.03 09003 CLINIC WAI SMAN	0	0		90.03
90.04 09004 CLINIC WEST	0	0		90.04
90.05 09005 CLINIC EAST	0	0		90.05
90.06 09006 CLINIC RESEARCH PARK	0	0		90.06
90.07 09007 CLINIC DHC	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	94,675	155,161	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	94,675	155,161	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/25/2013 3:36 pm	
		Component CCN: 52S098		Title XVIII		Subprovider - IPF	
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	9,144,234	399,872,524	0.022868	0	0	50.00
51.00	05100 RECOVERY ROOM	1,044,209	48,194,825	0.021666	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	973,966	32,127,771	0.030315	3,547	108	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,815,955	142,549,930	0.026769	7,722	207	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,180,542	76,316,634	0.015469	0	0	55.00
56.00	05600 RADIOISOTOPE	284,820	18,028,085	0.015799	3,311	52	56.00
57.00	05700 CT SCAN	822,239	128,957,435	0.006376	16,012	102	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,215,921	103,089,280	0.021495	33,360	717	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901 CARDIAC REHABILITATION	104,468	1,864,592	0.056027	0	0	59.01
60.00	06000 LABORATORY	2,775,682	275,516,483	0.010074	324,881	3,273	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	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.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,126,799	55,047,647	0.020470	41,242	844	65.00
65.01	03550 NEUROPSYCH TESTING	47,742	1,632,835	0.029239	2,945	86	65.01
66.00	06600 PHYSICAL THERAPY	1,736,634	68,622,353	0.025307	301,414	7,628	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,924,507	127,123,759	0.023005	20,933	482	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	219,640	11,323,990	0.019396	4,195	81	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,577	3,607,185	0.005427	301	2	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	509,266	52,460,491	0.009708	676	7	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,874,300	385,566,901	0.004861	369,691	1,797	73.00
74.00	07400 RENAL DIALYSIS	188,596	5,843,697	0.032273	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	100,216	3,018,844	0.033197	726	24	75.01
75.02	03540 ORTHOTICS LAB	137,779	3,096,112	0.044501	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CLINIC CSC	6,179,935	116,302,200	0.053137	5,922	315	90.01
90.02	09002 CLINIC UNIVERSITY STATION	1,436,228	17,807,577	0.080653	103	8	90.02
90.03	09003 CLINIC WAISSMAN	42,569	1,530,837	0.027808	0	0	90.03
90.04	09004 CLINIC WEST	1,493,143	31,905,677	0.046799	2,087	98	90.04
90.05	09005 CLINIC EAST	1,158,913	14,957,352	0.077481	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	322,009	7,307,547	0.044065	0	0	90.06
90.07	09007 CLINIC DHC	1,010,446	7,850,771	0.128707	0	0	90.07
91.00	09100 EMERGENCY	1,039,360	79,529,500	0.013069	272,404	3,560	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,292,151	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
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
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	43,929,695	2,241,344,985		1,411,472	19,391	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 3:36 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	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	1,342,575	0	1,342,575	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	66,488	0	66,488	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
59.01	05901 CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
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.	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
65.01	03550 NEUROPSYCH TESTING	0	0	0	0	0	65.01
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 PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	1,390,896	0	1,390,896	73.00
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
75.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	03540 ORTHOTICS LAB	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CLINIC CSC	0	0	0	0	0	90.01
90.02	09002 CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	09003 CLINIC WAI SMAN	0	0	0	0	0	90.03
90.04	09004 CLINIC WEST	0	0	0	0	0	90.04
90.05	09005 CLINIC EAST	0	0	0	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	0	0	0	0	0	90.06
90.07	09007 CLINIC DHC	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	1,077,954	0	1,077,954	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	3,877,913	0	3,877,913	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 520098 Component CCN: 52S098		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part IV Date/Time Prepared: 11/25/2013 3:36 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	0	399,872,524	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	48,194,825	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	32,127,771	0.000000	0.000000	3,547	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,342,575	142,549,930	0.009418	0.009418	7,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	66,488	76,316,634	0.000871	0.000871	0	55.00
56.00	05600	RADIOISOTOPE	0	18,028,085	0.000000	0.000000	3,311	56.00
57.00	05700	CT SCAN	0	128,957,435	0.000000	0.000000	16,012	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	103,089,280	0.000000	0.000000	33,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	1,864,592	0.000000	0.000000	0	59.01
60.00	06000	LABORATORY	0	275,516,483	0.000000	0.000000	324,881	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	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	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	55,047,647	0.000000	0.000000	41,242	65.00
65.01	03550	NEUROPSYCH TESTING	0	1,632,835	0.000000	0.000000	2,945	65.01
66.00	06600	PHYSICAL THERAPY	0	68,622,353	0.000000	0.000000	301,414	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	127,123,759	0.000000	0.000000	20,933	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,323,990	0.000000	0.000000	4,195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,607,185	0.000000	0.000000	301	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	52,460,491	0.000000	0.000000	676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,390,896	385,566,901	0.003607	0.003607	369,691	73.00
74.00	07400	RENAL DIALYSIS	0	5,843,697	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	3,018,844	0.000000	0.000000	726	75.01
75.02	03540	ORTHOTICS LAB	0	3,096,112	0.000000	0.000000	0	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CLINIC CSC	0	116,302,200	0.000000	0.000000	5,922	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	17,807,577	0.000000	0.000000	103	90.02
90.03	09003	CLINIC WAISSMAN	0	1,530,837	0.000000	0.000000	0	90.03
90.04	09004	CLINIC WEST	0	31,905,677	0.000000	0.000000	2,087	90.04
90.05	09005	CLINIC EAST	0	14,957,352	0.000000	0.000000	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	7,307,547	0.000000	0.000000	0	90.06
90.07	09007	CLINIC DHC	0	7,850,771	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	1,077,954	79,529,500	0.013554	0.013554	272,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,292,151	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,877,913	2,241,344,985			1,411,472	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 3:36 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
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	73	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
59.01	05901 CARDIAC REHABILITATION	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	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	0	0	0	65.00
65.01	03550 NEUROPSYCH TESTING	0	0	0	65.01
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 PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,333	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	0	0	0	75.01
75.02	03540 ORTHOTICS LAB	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CLINIC CSC	0	0	0	90.01
90.02	09002 CLINIC UNIVERSITY STATION	0	0	0	90.02
90.03	09003 CLINIC WAISMAN	0	0	0	90.03
90.04	09004 CLINIC WEST	0	0	0	90.04
90.05	09005 CLINIC EAST	0	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	0	0	0	90.06
90.07	09007 CLINIC DHC	0	0	0	90.07
91.00	09100 EMERGENCY	3,692	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	5,098	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/25/2013 3:36 pm	
		Component CCN: 52T098		Title XVIII		Subprovider - IRF PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,144,234	399,872,524	0.022868	1,956	45	50.00
51.00	05100 RECOVERY ROOM	1,044,209	48,194,825	0.021666	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	973,966	32,127,771	0.030315	100	3	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,815,955	142,549,930	0.026769	38,521	1,031	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,180,542	76,316,634	0.015469	154	2	55.00
56.00	05600 RADIOISOTOPE	284,820	18,028,085	0.015799	0	0	56.00
57.00	05700 CT SCAN	822,239	128,957,435	0.006376	29,528	188	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,215,921	103,089,280	0.021495	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	05901 CARDIAC REHABILITATION	104,468	1,864,592	0.056027	233	13	59.01
60.00	06000 LABORATORY	2,775,682	275,516,483	0.010074	166,786	1,680	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	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.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,126,799	55,047,647	0.020470	54,442	1,114	65.00
65.01	03550 NEUROPSYCH TESTING	47,742	1,632,835	0.029239	0	0	65.01
66.00	06600 PHYSICAL THERAPY	1,736,634	68,622,353	0.025307	2,145,418	54,294	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,924,507	127,123,759	0.023005	10,839	249	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	219,640	11,323,990	0.019396	839	16	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,577	3,607,185	0.005427	8,461	46	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	509,266	52,460,491	0.009708	600,455	5,829	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,874,300	385,566,901	0.004861	0	0	73.00
74.00	07400 RENAL DIALYSIS	188,596	5,843,697	0.032273	32,039	1,034	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	100,216	3,018,844	0.033197	610	20	75.01
75.02	03540 ORTHOTICS LAB	137,779	3,096,112	0.044501	15,873	706	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CLINIC CSC	6,179,935	116,302,200	0.053137	3,622	192	90.01
90.02	09002 CLINIC UNIVERSITY STATION	1,436,228	17,807,577	0.080653	0	0	90.02
90.03	09003 CLINIC WAI SMAN	42,569	1,530,837	0.027808	0	0	90.03
90.04	09004 CLINIC WEST	1,493,143	31,905,677	0.046799	5,243	245	90.04
90.05	09005 CLINIC EAST	1,158,913	14,957,352	0.077481	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	322,009	7,307,547	0.044065	0	0	90.06
90.07	09007 CLINIC DHC	1,010,446	7,850,771	0.128707	0	0	90.07
91.00	09100 EMERGENCY	1,039,360	79,529,500	0.013069	1,370	18	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,292,151	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
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
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	43,929,695	2,241,344,985		3,116,489	66,725	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 520098 Component CCN: 52T098		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part IV Date/Time Prepared: 11/25/2013 3:36 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,342,575	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	66,488	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	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	0	0	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03550	NEUROPSYCH TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,390,896	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	75.01
75.02	03540	ORTHOTICS LAB	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CLINIC CSC	0	0	0	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	0	0	0	90.02
90.03	09003	CLINIC WAI SMAN	0	0	0	0	90.03
90.04	09004	CLINIC WEST	0	0	0	0	90.04
90.05	09005	CLINIC EAST	0	0	0	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	0	0	0	90.06
90.07	09007	CLINIC DHC	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	1,077,954	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	3,877,913	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 520098 Component CCN: 52T098		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part IV Date/Time Prepared: 11/25/2013 3:36 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	399,872,524	0.000000	0.000000	1,956	50.00
51.00	05100	RECOVERY ROOM	0	48,194,825	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	32,127,771	0.000000	0.000000	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,342,575	142,549,930	0.009418	0.009418	38,521	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	66,488	76,316,634	0.000871	0.000871	154	55.00
56.00	05600	RADIOISOTOPE	0	18,028,085	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	128,957,435	0.000000	0.000000	29,528	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	103,089,280	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0	1,864,592	0.000000	0.000000	233	59.01
60.00	06000	LABORATORY	0	275,516,483	0.000000	0.000000	166,786	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	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	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	55,047,647	0.000000	0.000000	54,442	65.00
65.01	03550	NEUROPSYCH TESTING	0	1,632,835	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	68,622,353	0.000000	0.000000	2,145,418	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	127,123,759	0.000000	0.000000	10,839	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,323,990	0.000000	0.000000	839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,607,185	0.000000	0.000000	8,461	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	52,460,491	0.000000	0.000000	600,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,390,896	385,566,901	0.003607	0.003607	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,843,697	0.000000	0.000000	32,039	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0	3,018,844	0.000000	0.000000	610	75.01
75.02	03540	ORTHOTICS LAB	0	3,096,112	0.000000	0.000000	15,873	75.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CLINIC CSC	0	116,302,200	0.000000	0.000000	3,622	90.01
90.02	09002	CLINIC UNIVERSITY STATION	0	17,807,577	0.000000	0.000000	0	90.02
90.03	09003	CLINIC WAI SMAN	0	1,530,837	0.000000	0.000000	0	90.03
90.04	09004	CLINIC WEST	0	31,905,677	0.000000	0.000000	5,243	90.04
90.05	09005	CLINIC EAST	0	14,957,352	0.000000	0.000000	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0	7,307,547	0.000000	0.000000	0	90.06
90.07	09007	CLINIC DHC	0	7,850,771	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	1,077,954	79,529,500	0.013554	0.013554	1,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,292,151	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,877,913	2,241,344,985			3,116,489	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 3:36 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	363	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
59.01	05901 CARDIAC REHABILITATION	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	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	0	0	0	65.00
65.01	03550 NEUROPSYCH TESTING	0	0	0	65.01
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 PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03560 PULMONARY FUNCTION TESTING	0	0	0	75.01
75.02	03540 ORTHOTICS LAB	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CLINIC CSC	0	0	0	90.01
90.02	09002 CLINIC UNIVERSITY STATION	0	0	0	90.02
90.03	09003 CLINIC WAISMAN	0	0	0	90.03
90.04	09004 CLINIC WEST	0	0	0	90.04
90.05	09005 CLINIC EAST	0	0	0	90.05
90.06	09006 CLINIC RESEARCH PARK	0	0	0	90.06
90.07	09007 CLINIC DHC	0	0	0	90.07
91.00	09100 EMERGENCY	19	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	382	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/25/2013 3:36 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.245288	0	4,108,849	0	0
51.00 05100 RECOVERY ROOM	0.361352	0	1,018,059	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.432492	0	472,678	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.317601	0	3,643,394	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.147374	0	4,039,167	0	0
56.00 05600 RADIOISOTOPE	0.312058	0	601,235	0	0
57.00 05700 CT SCAN	0.060945	0	3,502,067	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.095346	0	3,497,691	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
59.01 05901 CARDIAC REHABILITATION	0.863284	0	34,412	0	0
60.00 06000 LABORATORY	0.223963	0	5,954,322	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.391767	0	1,201,387	0	0
65.01 03550 NEUROPSYCH TESTING	0.428069	0	159,231	0	0
66.00 06600 PHYSICAL THERAPY	0.433622	0	1,532,909	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.234508	0	3,175,709	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.232513	0	279,688	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.446276	0	439,063	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.798261	0	285,545	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.403339	0	8,701,331	0	0
74.00 07400 RENAL DIALYSIS	0.701758	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 03560 PULMONARY FUNCTION TESTING	0.279177	0	141,795	0	0
75.02 03540 ORTHOTICS LAB	0.757455	0	331,643	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 CLINIC CSC	0.727206	0	4,783,629	0	0
90.02 09002 CLINIC UNIVERSITY STATION	1.029666	0	498,898	0	0
90.03 09003 CLINIC WAI SMAN	1.348722	0	383,442	0	0
90.04 09004 CLINIC WEST	0.994335	0	504,116	0	0
90.05 09005 CLINIC EAST	1.199739	0	400,345	0	0
90.06 09006 CLINIC RESEARCH PARK	0.898431	0	119,000	0	0
90.07 09007 CLINIC DHC	0.873747	0	170,439	0	0
91.00 09100 EMERGENCY	0.258612	0	3,243,040	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.335004	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.487086	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	53,223,084	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)	0	53,223,084	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/25/2013 3:36 pm
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		Costs		Title XIX	Hospital	Cost
Cost Center Description		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,007,851	0			50.00
51.00	05100 RECOVERY ROOM	367,878	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	204,429	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,157,146	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	595,268	0			55.00
56.00	05600 RADIOISOTOPE	187,620	0			56.00
57.00	05700 CT SCAN	213,433	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	333,491	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
59.01	05901 CARDIAC REHABILITATION	29,707	0			59.01
60.00	06000 LABORATORY	1,333,548	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			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	470,664	0			65.00
65.01	03550 NEUROPSYCH TESTING	68,162	0			65.01
66.00	06600 PHYSICAL THERAPY	664,703	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	744,729	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	65,031	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	195,943	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	227,939	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,509,586	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
75.01	03560 PULMONARY FUNCTION TESTING	39,586	0			75.01
75.02	03540 ORTHOTICS LAB	251,205	0			75.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 CLINIC CSC	3,478,684	0			90.01
90.02	09002 CLINIC UNIVERSITY STATION	513,698	0			90.02
90.03	09003 CLINIC WAI SMAN	517,157	0			90.03
90.04	09004 CLINIC WEST	501,260	0			90.04
90.05	09005 CLINIC EAST	480,310	0			90.05
90.06	09006 CLINIC RESEARCH PARK	106,913	0			90.06
90.07	09007 CLINIC DHC	148,921	0			90.07
91.00	09100 EMERGENCY	838,689	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Subtotal (see instructions)	18,253,551	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)	18,253,551	0			202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		114,508	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		114,508	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)		108,937	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)		41,080	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)		139,727,077	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)		139,727,077	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)		139,727,077	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)		1,220.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		50,127,459	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)		50,127,459	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	20,818,795	7,781	2,675.59	2,614	6,993,992	43.01
43.02	CARDIOTHORACIC SURGERY ICU	13,148,963	2,036	6,458.23	684	4,417,429	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	4,651,365	1,714	2,713.75	576	1,563,120	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	14,058,490	5,339	2,633.17	13	34,231	43.04
43.05	NEURO INTENSIVE CARE UNIT	12,634,117	5,012	2,520.77	1,684	4,244,977	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5,715,008	1,933	2,956.55	90	266,090	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
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)					99,873,342	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					167,520,640	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,233,730	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,947,004	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,180,734	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					158,339,906	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,571	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,220.24	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description		Cost		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	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,797,957	89.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,611,813	139,727,077	0.047319	6,797,957	321,673	90.00
91.00	Nursing School cost	0	139,727,077	0.000000	6,797,957	0	91.00
92.00	Allied health cost	184,950	139,727,077	0.001324	6,797,957	9,000	92.00
93.00	All other Medical Education	0	139,727,077	0.000000	6,797,957	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 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)			5,095 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,095 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)			5,095 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)			1,938 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)			5,130,183 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)			5,130,183 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)			5,130,183 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)			1,006.91 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,951,392 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)			1,951,392 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1		
		Component CCN: 52S098				Date/Time Prepared: 11/25/2013 3:36 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)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01	
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02	
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03	
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04	
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
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	
47.00	OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	47.00	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					462,863	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,414,255	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)					103,412	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,489	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					127,901	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,286,354	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0	54.00	
55.00	Target amount per discharge					0.00	55.00	
56.00	Target amount (line 54 x line 55)					0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00	Bonus payment (see instructions)					0	58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00	Relief payment (see instructions)					0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00	Program routine service cost (line 9 x line 71)						72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00	Program capital-related costs (line 9 x line 76)						77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00	Inpatient routine service cost per diem limitation						81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00	
84.00	Program inpatient ancillary services (see instructions)						84.00	
85.00	Utilization review - physician compensation (see instructions)						85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 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	271,855	5,130,183	0.052991	0	0	90.00
91.00	Nursing School cost	0	5,130,183	0.000000	0	0	91.00
92.00	Allied health cost	0	5,130,183	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,130,183	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,653	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,653	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)		5,653	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)		1,716	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)		6,164,634	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)		6,164,634	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)		6,164,634	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)		1,090.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,871,315	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)		1,871,315	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 52T098				Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
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
47.00	OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,532,475	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,403,790	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)					143,595	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					67,107	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					210,702	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,193,088	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 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	473,060	6,164,634	0.076738	0	0	90.00
91.00	Nursing School cost	0	6,164,634	0.000000	0	0	91.00
92.00	Allied health cost	0	6,164,634	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,164,634	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		114,508	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		114,508	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)		108,937	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)		10,443	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)		139,727,077	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)		139,727,077	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)		139,727,077	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)		1,220.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,742,966	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)		12,742,966	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/25/2013 3:36 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	20,818,795	7,781	2,675.59	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	13,148,963	2,036	6,458.23	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	4,651,365	1,714	2,713.75	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	14,058,490	5,339	2,633.17	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	12,634,117	5,012	2,520.77	0	0	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5,715,008	1,933	2,956.55	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
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)					21,595,110	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,338,076	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,571	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,220.24	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm	
Cost Center Description		Title XIX		Hospital		Cost	
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1.00	89.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						6,797,957	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	0	0	0.000000	0	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm
		Title XIX	Subprovider - IPF	Cost
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)			5,095 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,095 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)			5,095 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)			0 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)			5,130,183 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)			5,130,183 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)			5,130,183 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)			1,006.91 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 52S098				Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XIX		Subprovider - IPF		Cost	
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
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
47.00	OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm
	Title XIX	Subprovider - IPF	Cost

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm
		Title XIX	Subprovider - IRF	Cost
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)		5,653	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,653	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)		5,653	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)		418	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)		6,164,634	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)		6,164,634	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)		6,164,634	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)		1,090.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		455,833	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)		455,833	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520098		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 52T098		Date/Time Prepared: 11/25/2013 3:36 pm			
		Title XIX		Subprovider - IRF		Cost	
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
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
47.00	OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					455,833	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 3:36 pm
	Title XIX	Subprovider - IRF	Cost

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
Cost Center Description		Cost	Routine Cost (from line 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/25/2013 3:36 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		74,106,508	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		19,814,370	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		11,550,320	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		4,701,901	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		91,303	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		8,813,618	31.05
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,365,869	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245288	89,079,650	21,850,169 50.00
51.00	05100	RECOVERY ROOM	0.361352	10,158,447	3,670,775 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.432492	6,559,803	2,837,062 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317601	16,802,314	5,336,432 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.147374	1,204,589	177,525 55.00
56.00	05600	RADIOISOTOPE	0.312058	642,795	200,589 56.00
57.00	05700	CT SCAN	0.060945	15,441,430	941,078 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095346	5,378,081	512,779 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
59.01	05901	CARDIAC REHABILITATION	0.863284	134,237	115,885 59.01
60.00	06000	LABORATORY	0.223963	46,167,030	10,339,707 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.391767	13,254,094	5,192,517 65.00
65.01	03550	NEUROPSYCH TESTING	0.428069	45,424	19,445 65.01
66.00	06600	PHYSICAL THERAPY	0.433622	7,861,795	3,409,047 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.234508	21,689,936	5,086,464 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232513	1,316,971	306,213 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.446276	934,566	417,074 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.798261	14,719,559	11,750,050 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403339	48,404,924	19,523,594 73.00
74.00	07400	RENAL DIALYSIS	0.701758	3,200,413	2,245,915 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.279177	106,217	29,653 75.01
75.02	03540	ORTHOTICS LAB	0.757455	200,450	151,832 75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	CLINIC CSC	0.727206	3,861,604	2,808,182 90.01
90.02	09002	CLINIC UNIVERSITY STATION	1.029666	20,429	21,035 90.02
90.03	09003	CLINIC WAI SMAN	1.348722	214	289 90.03
90.04	09004	CLINIC WEST	0.994335	205,676	204,511 90.04
90.05	09005	CLINIC EAST	1.199739	14,662	17,591 90.05
90.06	09006	CLINIC RESEARCH PARK	0.898431	3,526	3,168 90.06
90.07	09007	CLINIC DHC	0.873747	13,627	11,907 90.07
91.00	09100	EMERGENCY	0.258612	10,412,718	2,692,854 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335004	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0 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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		317,835,181	99,873,342 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		317,835,181	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 52S098		Date/Time Prepared: 11/25/2013 3:36 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
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		0	31.05
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		2,582,062	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245288	0	50.00
51.00	05100	RECOVERY ROOM	0.361352	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.432492	3,547	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317601	7,722	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.147374	0	55.00
56.00	05600	RADIOISOTOPE	0.312058	3,311	56.00
57.00	05700	CT SCAN	0.060945	16,012	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095346	33,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.863284	0	59.01
60.00	06000	LABORATORY	0.223963	324,881	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.391767	41,242	65.00
65.01	03550	NEUROPSYCH TESTING	0.428069	2,945	65.01
66.00	06600	PHYSICAL THERAPY	0.433622	301,414	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.234508	20,933	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232513	4,195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.446276	301	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.798261	676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403339	369,691	73.00
74.00	07400	RENAL DIALYSIS	0.701758	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.279177	726	75.01
75.02	03540	ORTHOTICS LAB	0.757455	0	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CLINIC CSC	0.727206	5,922	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1.029666	103	90.02
90.03	09003	CLINIC WAISSMAN	1.348722	0	90.03
90.04	09004	CLINIC WEST	0.994335	2,087	90.04
90.05	09005	CLINIC EAST	1.199739	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.898431	0	90.06
90.07	09007	CLINIC DHC	0.873747	0	90.07
91.00	09100	EMERGENCY	0.258612	272,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335004	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,411,472	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)		1,411,472	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 52T098		Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		0	31.05
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,561,392	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245288	1,956	480 50.00
51.00	05100	RECOVERY ROOM	0.361352	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.432492	100	43 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317601	38,521	12,234 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.147374	154	23 55.00
56.00	05600	RADIOISOTOPE	0.312058	0	0 56.00
57.00	05700	CT SCAN	0.060945	29,528	1,800 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095346	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
59.01	05901	CARDIAC REHABILITATION	0.863284	233	201 59.01
60.00	06000	LABORATORY	0.223963	166,786	37,354 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.391767	54,442	21,329 65.00
65.01	03550	NEUROPSYCH TESTING	0.428069	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.433622	2,145,418	930,300 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.234508	10,839	2,542 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232513	839	195 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.446276	8,461	3,776 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.798261	600,455	479,320 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403339	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.701758	32,039	22,484 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.279177	610	170 75.01
75.02	03540	ORTHOTICS LAB	0.757455	15,873	12,023 75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	CLINIC CSC	0.727206	3,622	2,634 90.01
90.02	09002	CLINIC UNIVERSITY STATION	1.029666	0	0 90.02
90.03	09003	CLINIC WAISSMAN	1.348722	0	0 90.03
90.04	09004	CLINIC WEST	0.994335	5,243	5,213 90.04
90.05	09005	CLINIC EAST	1.199739	0	0 90.05
90.06	09006	CLINIC RESEARCH PARK	0.898431	0	0 90.06
90.07	09007	CLINIC DHC	0.873747	0	0 90.07
91.00	09100	EMERGENCY	0.258612	1,370	354 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335004	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
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
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		3,116,489	1,532,475 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		3,116,489	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/25/2013 3:36 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		17,975,564	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02180	TRAUMA INTENSIVE CARE UNIT		4,033,233	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		1,113,546	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		449,651	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		8,497,978	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		2,032,372	31.05
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245288	15,381,096	50.00
51.00	05100	RECOVERY ROOM	0.361352	1,469,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.432492	1,169,246	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317601	3,580,041	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.147374	263,142	55.00
56.00	05600	RADIOISOTOPE	0.312058	155,358	56.00
57.00	05700	CT SCAN	0.060945	2,713,758	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095346	1,445,636	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.863284	9,800	59.01
60.00	06000	LABORATORY	0.223963	9,738,933	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.391767	6,604,657	65.00
65.01	03550	NEUROPSYCH TESTING	0.428069	11,451	65.01
66.00	06600	PHYSICAL THERAPY	0.433622	2,792,841	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.234508	2,887,651	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232513	950,464	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.446276	190,903	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.798261	2,408,877	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403339	12,255,103	73.00
74.00	07400	RENAL DIALYSIS	0.701758	398,549	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.279177	35,292	75.01
75.02	03540	ORTHOTICS LAB	0.757455	63,016	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CLINIC CSC	0.727206	541,282	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1.029666	1,378	90.02
90.03	09003	CLINIC WAI SMAN	1.348722	499	90.03
90.04	09004	CLINIC WEST	0.994335	26,714	90.04
90.05	09005	CLINIC EAST	1.199739	659	90.05
90.06	09006	CLINIC RESEARCH PARK	0.898431	0	90.06
90.07	09007	CLINIC DHC	0.873747	128	90.07
91.00	09100	EMERGENCY	0.258612	2,534,713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335004	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		67,630,288	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)		67,630,288	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 52S098		Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XIX	Subprovider - IPF	Cost	
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
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		0	31.05
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		942,324	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245288	0	50.00
51.00	05100	RECOVERY ROOM	0.361352	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.432492	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317601	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.147374	0	55.00
56.00	05600	RADIOISOTOPE	0.312058	0	56.00
57.00	05700	CT SCAN	0.060945	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095346	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.863284	0	59.01
60.00	06000	LABORATORY	0.223963	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.391767	0	65.00
65.01	03550	NEUROPSYCH TESTING	0.428069	0	65.01
66.00	06600	PHYSICAL THERAPY	0.433622	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.234508	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232513	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.446276	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.798261	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403339	0	73.00
74.00	07400	RENAL DIALYSIS	0.701758	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.279177	0	75.01
75.02	03540	ORTHOTICS LAB	0.757455	0	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CLINIC CSC	0.727206	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1.029666	0	90.02
90.03	09003	CLINIC WATSON	1.348722	0	90.03
90.04	09004	CLINIC WEST	0.994335	0	90.04
90.05	09005	CLINIC EAST	1.199739	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.898431	0	90.06
90.07	09007	CLINIC DHC	0.873747	0	90.07
91.00	09100	EMERGENCY	0.258612	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335004	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		0	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)		0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 52T098		Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XIX	Subprovider - IRF	Cost	
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
31.01	02180	TRAUMA INTENSIVE CARE UNIT		0	31.01
31.02	03101	CARDIOTHORACIC SURGERY ICU		0	31.02
31.03	03102	CARDIAC INTENSIVE CARE UNIT		0	31.03
31.04	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.04
31.05	03103	NEURO INTENSIVE CARE UNIT		0	31.05
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		775,043	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245288	0	50.00
51.00	05100	RECOVERY ROOM	0.361352	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.432492	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.317601	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.147374	0	55.00
56.00	05600	RADIOISOTOPE	0.312058	0	56.00
57.00	05700	CT SCAN	0.060945	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.095346	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
59.01	05901	CARDIAC REHABILITATION	0.863284	0	59.01
60.00	06000	LABORATORY	0.223963	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.391767	0	65.00
65.01	03550	NEUROPSYCH TESTING	0.428069	0	65.01
66.00	06600	PHYSICAL THERAPY	0.433622	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.234508	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232513	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.446276	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.798261	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.403339	0	73.00
74.00	07400	RENAL DIALYSIS	0.701758	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03560	PULMONARY FUNCTION TESTING	0.279177	0	75.01
75.02	03540	ORTHOTICS LAB	0.757455	0	75.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CLINIC CSC	0.727206	0	90.01
90.02	09002	CLINIC UNIVERSITY STATION	1.029666	0	90.02
90.03	09003	CLINIC WATSON	1.348722	0	90.03
90.04	09004	CLINIC WEST	0.994335	0	90.04
90.05	09005	CLINIC EAST	1.199739	0	90.05
90.06	09006	CLINIC RESEARCH PARK	0.898431	0	90.06
90.07	09007	CLINIC DHC	0.873747	0	90.07
91.00	09100	EMERGENCY	0.258612	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335004	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		0	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)		0	202.00

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

Provider CCN: 520098

Period: From 07/01/2012

Worksheet D-4

Component CCN: 52P001

To 06/30/2013

Date/Time Prepared: 11/25/2013 3:36 pm

Cost Center Description		Kidney			Hospital	PPS	
		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	817,407	1,220.24	253	308,721	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,675.59	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	77,893	6,458.23	11	71,041	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,713.75	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	7,812	2,633.17	1	2,633	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,520.77	0	0	2.05
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	7,812	2,956.55	1	2,957	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		910,924		266	385,352	7.00
Cost Center Description		C			Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	Ratio of Cost/Charges (from Wkst. C)	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.245288	3,216,204	788,896	8.00
9.00	RECOVERY ROOM		51.00	0.361352	299,331	108,164	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.432492	191,453	82,802	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.317601	1,223,411	388,557	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.147374	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.312058	42,325	13,208	14.00
15.00	CT SCAN		57.00	0.060945	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.095346	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION		59.01	0.863284	311	268	17.01
18.00	LABORATORY		60.00	0.223963	1,906,782	427,049	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.391767	23,561	9,230	23.00
23.01	NEUROPSYCH TESTING		65.01	0.428069	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.433622	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.234508	186,321	43,694	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232513	430,083	100,000	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.446276	355,830	158,798	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.798261	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.403339	333,264	134,418	31.00
32.00	RENAL DIALYSIS		74.00	0.701758	2,933	2,058	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING		75.01	0.279177	0	0	33.01
33.02	ORTHOTICS LAB		75.02	0.757455	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
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	CLINIC CSC		90.01	0.727206	559,901	407,163	37.01
37.02	CLINIC UNIVERSITY STATION		90.02	1.029666	0	0	37.02
37.03	CLINIC WAISMAN		90.03	1.348722	0	0	37.03
37.04	CLINIC WEST		90.04	0.994335	0	0	37.04
37.05	CLINIC EAST		90.05	1.199739	0	0	37.05
37.06	CLINIC RESEARCH PARK		90.06	0.898431	0	0	37.06
37.07	CLINIC DHC		90.07	0.873747	0	0	37.07
38.00	EMERGENCY		91.00	0.258612	4,129	1,068	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.335004	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				8,775,839	2,665,373	41.00

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

Provider CCN: 520098

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

Worksheet D-4

Component CCN: 52P001

Date/Time Prepared: 11/25/2013 3:36 pm

		Kidney		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	253	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	11	0	43.02	
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03	
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04	
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			266	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	CLINIC CSC	23.01	559,901	0.000000	0	51.01	
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02	
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03	
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04	
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05	
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06	
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07	
52.00	EMERGENCY	24.00	4,129	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		564,030		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	3,050,725		9,686,763		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)	13,010,850		12,752,957		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)	16,061,575		22,439,720		61.00	
62.00	Total Usable Organs (see instructions)		530			62.00	
63.00	Medicare Usable Organs (see instructions)		415			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.783019			64.00	
65.00	Medicare Cost/Charges (see instructions)	12,576,518		17,570,727		65.00	
66.00	Revenue for Organs Sold	939,760		0		66.00	
67.00	Subtotal (line 65 minus line 66)	11,636,758		17,570,727		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,636,758	0	17,570,727	0	69.00	

(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: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	Kidney		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	91	65			70.00
71.00 Organs Purchased from Other Transplant Hospitals (2)	16	204			71.00
72.00 Organs Purchased from Non-Transplant Hospitals	0	0			72.00
73.00 Organs Purchased from OPOs	0	201			73.00
74.00 Total (sum of lines 70 thru 73)	107	470			74.00
75.00 Organs Transplanted	90	201	0		75.00
76.00 Organs Sold to Other Hospitals	17	21	0		76.00
77.00 Organs Sold to OPOs	0	0	0		77.00
78.00 Organs Sold to Transplant Hospitals	0	201	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	5			82.00
83.00 Unusable/Discarded Organs	0	42			83.00
84.00 Total (sum of lines 75 thru 83 should equal line 74)	107	470			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: 520098

Period: From 07/01/2012

Worksheet D-4

Component CCN: 52P001

To 06/30/2013

Date/Time Prepared: 11/25/2013 3:36 pm

Cost Center Description		Liver			Hospital	PPS	
		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	62,208	1,220.24	19	23,185	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,675.59	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	43,475	6,458.23	7	45,208	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,713.75	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	3,906	2,633.17	1	2,633	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,520.77	0	0	2.05
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,956.55	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		109,589		27	71,026	7.00
Cost Center Description		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	0.245288	294,102	72,140	8.00
9.00	RECOVERY ROOM		51.00	0.361352	53,519	19,339	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.432492	21,732	9,399	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.317601	619,205	196,660	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.147374	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.312058	1,844	575	14.00
15.00	CT SCAN		57.00	0.060945	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.095346	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION		59.01	0.863284	0	0	17.01
18.00	LABORATORY		60.00	0.223963	893,116	200,025	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.391767	23,949	9,382	23.00
23.01	NEUROPSYCH TESTING		65.01	0.428069	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.433622	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.234508	333,947	78,313	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232513	239,495	55,686	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.446276	47,148	21,041	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.798261	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.403339	112,974	45,567	31.00
32.00	RENAL DIALYSIS		74.00	0.701758	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING		75.01	0.279177	0	0	33.01
33.02	ORTHOTICS LAB		75.02	0.757455	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
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	CLINIC CSC		90.01	0.727206	227,137	165,175	37.01
37.02	CLINIC UNIVERSITY STATION		90.02	1.029666	0	0	37.02
37.03	CLINIC WAISMAN		90.03	1.348722	0	0	37.03
37.04	CLINIC WEST		90.04	0.994335	0	0	37.04
37.05	CLINIC EAST		90.05	1.199739	0	0	37.05
37.06	CLINIC RESEARCH PARK		90.06	0.898431	0	0	37.06
37.07	CLINIC DHC		90.07	0.873747	0	0	37.07
38.00	EMERGENCY		91.00	0.258612	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.335004	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				2,868,168	873,302	41.00

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

Provider CCN: 520098

Period: From 07/01/2012

Worksheet D-4

Component CCN: 52P001

To 06/30/2013

Date/Time Prepared: 11/25/2013 3:36 pm

		Liver		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	19	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	7	0	43.02	
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03	
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04	
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			27	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	CLINIC CSC	23.01	227,137	0.000000	0	51.01	
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02	
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03	
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04	
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05	
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06	
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		227,137		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	944,328		2,977,757		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	4,831,439		4,190,099		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)	5,775,767		7,167,856		61.00	
62.00	Total Usable Organs (see instructions)		182			62.00	
63.00	Medicare Usable Organs (see instructions)		129			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.708791			64.00	
65.00	Medicare Cost/Charges (see instructions)	4,093,812		5,080,512		65.00	
66.00	Revenue for Organs Sold	338,400		0		66.00	
67.00	Subtotal (line 65 minus line 66)	3,755,412		5,080,512		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,755,412	0	5,080,512	0	69.00	

(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: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	Liver		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	1	24			70.00
71.00 Organs Purchased from Other Transplant Hospitals (2)	0	89			71.00
72.00 Organs Purchased from Non-Transplant Hospitals	0	0			72.00
73.00 Organs Purchased from OPOs	0	85			73.00
74.00 Total (sum of lines 70 thru 73)	1	198			74.00
75.00 Organs Transplanted	1	85		0	75.00
76.00 Organs Sold to Other Hospitals	0	11		0	76.00
77.00 Organs Sold to OPOs	0	0		0	77.00
78.00 Organs Sold to Transplant Hospitals	0	85		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	10			82.00
83.00 Unusable/Discarded Organs	0	7			83.00
84.00 Total (sum of lines 75 thru 83 should equal line 74)	1	198			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: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/25/2013 3:36 pm

Cost Center Description		Heart		Hospital		PPS	
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,220.24	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,675.59	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	21,077	6,458.23	3	19,375	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,713.75	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	0	2,633.17	0	0	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,520.77	0	0	2.05
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,956.55	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		21,077		3	19,375	7.00
Cost Center Description		C		Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.245288	77,671	19,052	8.00	
9.00	RECOVERY ROOM	51.00	0.361352	6,977	2,521	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.432492	4,253	1,839	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.317601	140,130	44,505	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.147374	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.312058	2,455	766	14.00	
15.00	CT SCAN	57.00	0.060945	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.095346	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
17.01	CARDIAC REHABILITATION	59.01	0.863284	0	0	17.01	
18.00	LABORATORY	60.00	0.223963	174,989	39,191	18.00	
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.391767	25,932	10,159	23.00	
23.01	NEUROPSYCH TESTING	65.01	0.428069	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.433622	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.234508	79,962	18,752	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.232513	167,559	38,960	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.446276	11,149	4,976	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.798261	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.403339	17,793	7,177	31.00	
32.00	RENAL DIALYSIS	74.00	0.701758	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	PULMONARY FUNCTION TESTING	75.01	0.279177	0	0	33.01	
33.02	ORTHOTICS LAB	75.02	0.757455	0	0	33.02	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	CLINIC CSC	90.01	0.727206	142,160	103,380	37.01	
37.02	CLINIC UNIVERSITY STATION	90.02	1.029666	0	0	37.02	
37.03	CLINIC WAISMAN	90.03	1.348722	0	0	37.03	
37.04	CLINIC WEST	90.04	0.994335	0	0	37.04	
37.05	CLINIC EAST	90.05	1.199739	0	0	37.05	
37.06	CLINIC RESEARCH PARK	90.06	0.898431	0	0	37.06	
37.07	CLINIC DHC	90.07	0.873747	0	0	37.07	
38.00	EMERGENCY	91.00	0.258612	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.335004	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			851,030	291,278	41.00	

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

Provider CCN: 520098

Period: From 07/01/2012

Worksheet D-4

Component CCN: 52P001

To 06/30/2013

Date/Time Prepared: 11/25/2013 3:36 pm

		Heart		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	3	0	43.02	
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03	
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	0	0	43.04	
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
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	CLINIC CSC	23.01	142,160	0.000000	0	51.01	
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02	
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03	
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04	
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05	
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06	
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		142,160		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	310,653		872,107		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)	2,327,866		1,945,422		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)	2,638,519		2,817,529		61.00	
62.00	Total Usable Organs (see instructions)		60			62.00	
63.00	Medicare Usable Organs (see instructions)		47			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.783333			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,066,839		2,207,063		65.00	
66.00	Revenue for Organs Sold	820,000		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,246,839		2,207,063		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,246,839	0	2,207,063	0	69.00	

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	Heart		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	0	15			70.00
71.00 Organs Purchased from Other Transplant Hospitals (2)	0	46			71.00
72.00 Organs Purchased from Non-Transplant Hospitals	0	0			72.00
73.00 Organs Purchased from OPOs	0	20			73.00
74.00 Total (sum of lines 70 thru 73)	0	81			74.00
75.00 Organs Transplanted	0	20		0	75.00
76.00 Organs Sold to Other Hospitals	0	20		0	76.00
77.00 Organs Sold to OPOs	0	0		0	77.00
78.00 Organs Sold to Transplant Hospitals	0	20		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	21			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	81			84.00

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

Provider CCN: 520098

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

Worksheet D-4

Component CCN: 52P001

Date/Time Prepared: 11/25/2013 3:36 pm

Cost Center Description		Lung			Hospital	PPS	
		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	954	1,220.24	1	1,220	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,675.59	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	21,447	6,458.23	4	25,833	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,713.75	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	0	2,633.17	0	0	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,520.77	0	0	2.05
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,956.55	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		22,401		5	27,053	7.00
Cost Center Description		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	0.245288	121,311	29,756	8.00
9.00	RECOVERY ROOM		51.00	0.361352	24,394	8,815	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.432492	10,045	4,344	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.317601	146,869	46,646	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.147374	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.312058	28,980	9,043	14.00
15.00	CT SCAN		57.00	0.060945	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.095346	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION		59.01	0.863284	308	266	17.01
18.00	LABORATORY		60.00	0.223963	165,226	37,005	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.391767	52,526	20,578	23.00
23.01	NEUROPSYCH TESTING		65.01	0.428069	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.433622	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.234508	53,404	12,524	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232513	317,473	73,817	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.446276	31,665	14,131	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.798261	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.403339	26,108	10,530	31.00
32.00	RENAL DIALYSIS		74.00	0.701758	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING		75.01	0.279177	0	0	33.01
33.02	ORTHOTICS LAB		75.02	0.757455	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
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	CLINIC CSC		90.01	0.727206	99,934	72,673	37.01
37.02	CLINIC UNIVERSITY STATION		90.02	1.029666	0	0	37.02
37.03	CLINIC WAISMAN		90.03	1.348722	0	0	37.03
37.04	CLINIC WEST		90.04	0.994335	0	0	37.04
37.05	CLINIC EAST		90.05	1.199739	0	0	37.05
37.06	CLINIC RESEARCH PARK		90.06	0.898431	0	0	37.06
37.07	CLINIC DHC		90.07	0.873747	0	0	37.07
38.00	EMERGENCY		91.00	0.258612	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.335004	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				1,078,243	340,128	41.00

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared: 11/25/2013 3:36 pm

		Lung		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	4	0	43.02	
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03	
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	0	0	43.04	
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00	
Cost Center Description		D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	CLINIC CSC	23.01	99,934	0.000000	0	51.01	
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02	
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03	
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04	
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05	
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06	
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		99,934		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	367,181		1,100,644		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)	3,433,759		3,044,109		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)	3,800,940		4,144,753		61.00	
62.00	Total Usable Organs (see instructions)		144			62.00	
63.00	Medicare Usable Organs (see instructions)		98			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.680556			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,586,753		2,820,737		65.00	
66.00	Revenue for Organs Sold	280,493		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,306,260		2,820,737		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,306,260	0	2,820,737	0	69.00	

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

Provider CCN: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	Lung		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)	0	19		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	68		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	67		73.00
74.00	Total (sum of lines 70 thru 73)	0	154		74.00
75.00	Organs Transplanted	0	67	0	75.00
76.00	Organs Sold to Other Hospitals	0	10	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	67	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	8		82.00
83.00	Unusable/Discarded Organs	0	2		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	154		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: 520098

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

Worksheet D-4

Component CCN: 52P001

Date/Time Prepared: 11/25/2013 3:36 pm

Cost Center Description		Pancreas			Hospital		PPS		
		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	477	1,220.24	1	1,220	1.00		
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00		
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,675.59	0	0	2.01		
2.02	CARDIOTHORACIC SURGERY ICU	43.02	13,067	6,458.23	2	12,916	2.02		
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,713.75	0	0	2.03		
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	3,906	2,633.17	1	2,633	2.04		
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,520.77	0	0	2.05		
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00		
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,956.55	0	0	4.00		
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00		
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00		
7.00	TOTAL (sum of lines 1-6)		17,450		4	16,769	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	0.245288	79,099	19,402	8.00		
9.00	RECOVERY ROOM		51.00	0.361352	5,677	2,051	9.00		
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00		
11.00	ANESTHESIOLOGY		53.00	0.432492	3,036	1,313	11.00		
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.317601	8,728	2,772	12.00		
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.147374	0	0	13.00		
14.00	RADIOISOTOPE		56.00	0.312058	0	0	14.00		
15.00	CT SCAN		57.00	0.060945	0	0	15.00		
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.095346	0	0	16.00		
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00		
17.01	CARDIAC REHABILITATION		59.01	0.863284	124	107	17.01		
18.00	LABORATORY		60.00	0.223963	73,188	16,391	18.00		
18.01	BLOOD LABORATORY		60.01	0.000000	0	0	18.01		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00		
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00		
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY		65.00	0.391767	3,456	1,354	23.00		
23.01	NEUROPSYCH TESTING		65.01	0.428069	0	0	23.01		
24.00	PHYSICAL THERAPY		66.00	0.433622	0	0	24.00		
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00		
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00		
27.00	ELECTROCARDIOLOGY		69.00	0.234508	6,769	1,587	27.00		
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.232513	42,909	9,977	28.00		
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.446276	13,214	5,897	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.798261	0	0	30.00		
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.403339	12,044	4,858	31.00		
32.00	RENAL DIALYSIS		74.00	0.701758	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00		
33.01	PULMONARY FUNCTION TESTING		75.01	0.279177	0	0	33.01		
33.02	ORTHOTICS LAB		75.02	0.757455	0	0	33.02		
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00		
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	CLINIC CSC		90.01	0.727206	14,491	10,538	37.01		
37.02	CLINIC UNIVERSITY STATION		90.02	1.029666	0	0	37.02		
37.03	CLINIC WAISMAN		90.03	1.348722	0	0	37.03		
37.04	CLINIC WEST		90.04	0.994335	0	0	37.04		
37.05	CLINIC EAST		90.05	1.199739	0	0	37.05		
37.06	CLINIC RESEARCH PARK		90.06	0.898431	0	0	37.06		
37.07	CLINIC DHC		90.07	0.873747	0	0	37.07		
38.00	EMERGENCY		91.00	0.258612	0	0	38.00		
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.335004	0	0	39.00		
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00		
41.00	TOTAL (sum of lines 8-40)				262,735	76,247	41.00		

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

Provider CCN: 520098

Period: From 07/01/2012

Worksheet D-4

Component CCN: 52P001

To 06/30/2013

Date/Time Prepared: 11/25/2013 3:36 pm

		Pancreas		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	2	0	43.02	
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03	
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04	
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			4	0	48.00	
Cost Center Description		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	CLINIC CSC	23.01	14,491	0.000000	0	51.01	
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02	
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03	
51.04	CLINIC WEST	23.04	0	0.000000	0	51.04	
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05	
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06	
51.07	CLINIC DHC	23.07	0	0.000000	0	51.07	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		14,491		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	93,016		280,185		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)	2,789,789		2,601,975		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)	2,882,805		2,882,160		61.00	
62.00	Total Usable Organs (see instructions)		103			62.00	
63.00	Medicare Usable Organs (see instructions)		77			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.747573			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,155,107		2,154,625		65.00	
66.00	Revenue for Organs Sold	37,000		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,118,107		2,154,625		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,118,107	0	2,154,625	0	69.00	

(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: 520098
Component CCN: 52P001

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

Worksheet D-4
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description	Pancreas		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)	0	14		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	66		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	51		73.00
74.00	Total (sum of lines 70 thru 73)	0	131		74.00
75.00	Organs Transplanted	0	51	0	75.00
76.00	Organs Sold to Other Hospitals	0	1	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	51	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	20		82.00
83.00	Unusable/Discarded Organs	0	8		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	131		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: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		100,720,062		1.00
2.00	Outlier payments for discharges. (see instructions)		14,837,605		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		19,932,663		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		466.74		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)		287.66		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)		287.66		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		386.67		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		287.66		12.00
13.00	Total allowable FTE count for the prior year.		287.66		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.		287.66		14.00
15.00	Sum of lines 12 through 14 divided by 3.		287.66		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		287.66		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.616317		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.610730		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.610730		21.00
22.00	IME payment adjustment (see instructions)		34,686,211		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).		15.50		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		99.01		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		15.50		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.033209		26.00
27.00	IME payments adjustment. (see instructions)		0.008791		27.00
28.00	IME Adjustment (see instructions)		1,060,658		28.00
29.00	Total IME payment (sum of lines 22 and 28)		35,746,869		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.05		30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.20		31.00
32.00	Sum of lines 30 and 31		20.25		32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.92		33.00
34.00	Disproportionate share adjustment (see instructions)		5,962,628		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		157,267,164		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)		157,267,164		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		11,086,343		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).		6,745,705		52.00
53.00	Nursing and Allied Health Managed Care payment		242,078		53.00
54.00	Special add-on payments for new technologies		16,940		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		21,063,376		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).		66,550		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		475,024		58.00
59.00	Total (sum of amounts on lines 49 through 58)		196,963,180		59.00
60.00	Primary payer payments		817,140		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		196,146,040		61.00
62.00	Deductibles billed to program beneficiaries		6,715,296		62.00
63.00	Coinurance billed to program beneficiaries		589,799		63.00
64.00	Allowable bad debts (see instructions)		1,719,830		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,203,881		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,225,233		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		190,044,826		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		9,583		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)		124,208		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-7,576		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		190,151,875		71.00
71.01	Sequestration adjustment (see instructions)		950,759		71.01
72.00	Interim payments		186,726,215		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		2,474,901		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		648,002		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/25/2013 3:36 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		249,836	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		98,095,075	2.00
3.00	PPS payments		75,919,337	3.00
4.00	Outlier payment (see instructions)		1,509,015	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		531,429	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		249,836	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		528,725	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)		528,725	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		528,725	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		278,889	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)		249,836	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)		77,959,781	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		21,451	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		15,634,879	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)		62,553,287	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		3,445,490	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)		65,998,777	30.00
31.00	Primary payer payments		26,355	31.00
32.00	Subtotal (line 30 minus line 31)		65,972,422	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)		2,189,003	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,532,302	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,567,010	36.00
37.00	Subtotal (see instructions)		67,504,724	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		67,504,724	40.00
40.01	Sequestration adjustment (see instructions)		337,524	40.01
41.00	Interim payments		64,946,081	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,221,119	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: 520098

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

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2013 3:35 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		186,726,215		64,946,081	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)		186,726,215		64,946,081	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		3,425,660		2,558,643	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		190,151,875		67,504,724	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: 520098
Component CCN: 52S098

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

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2013 3:36 pm
PPS

Title XVIII

Subprovider -
IPF

		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		1,478,751		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,478,751		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		2,484		0	6.02
7.00	Total Medicare program liability (see instructions)		1,476,267		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 520098
Component CCN: 52T098

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

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2013 3:36 pm
PPS

Title XVIII

Subprovider -
IRF

		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		2,899,970		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,899,970		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		33,895		0	6.02
7.00	Total Medicare program liability (see instructions)		2,866,075		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part II Date/Time Prepared: 11/25/2013 3:36 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			26,589 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			46,741 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			9,205 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			132,752 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			2,685,671,223 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			135,832,888 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)			1,413,866 8.00
9.00	Sequestration adjustment amount (see instructions)			28,277 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,385,589 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			1,385,589 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part II Date/Time Prepared: 11/25/2013 3:36 pm
		Title XVII I	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)			1,551,823 1.00
2.00	Net IPF PPS Outlier Payments			23,991 2.00
3.00	Net IPF PPS ECT Payments			3,896 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)			5.66 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.)			2.85 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)			2.85 8.00
9.00	Average Daily Census (see instructions)			13.958904 9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.100410 10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).			155,819 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,735,529 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,735,529 16.00
17.00	Primary payer payments			9,314 17.00
18.00	Subtotal (line 16 less line 17).			1,726,215 18.00
19.00	Deductibles			225,572 19.00
20.00	Subtotal (line 18 minus line 19)			1,500,643 20.00
21.00	Coinsurance			29,474 21.00
22.00	Subtotal (line 20 minus line 21)			1,471,169 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,471,169 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)			5,098 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)			1,476,267 31.00
31.01	Sequestration adjustment (see instructions)			7,381 31.01
32.00	Interim payments			1,478,751 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			-9,865 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			23,991 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/25/2013 3:36 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,494,637 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0496 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			225,765 3.00
4.00	Outlier Payments			36,524 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			1.50 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			1.53 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.50 9.00
10.00	Average Daily Census (see instructions)			15.487671 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.065628 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			163,718 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,920,644 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,920,644 17.00
18.00	Primary payer payments			43,195 18.00
19.00	Subtotal (line 17 less line 18).			2,877,449 19.00
20.00	Deductibles			5,836 20.00
21.00	Subtotal (line 19 minus line 20)			2,871,613 21.00
22.00	Coinurance			5,920 22.00
23.00	Subtotal (line 21 minus line 22)			2,865,693 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,865,693 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			382 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,866,075 32.00
32.01	Sequestration adjustment (see instructions)			14,330 32.01
33.00	Interim payments			2,899,970 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			-48,225 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			36,524 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	34,338,076			1.00
2.00	Medical and other services		18,253,551		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	34,338,076	18,253,551		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	34,338,076	18,253,551		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	35,892,541			8.00
9.00	Ancillary service charges	67,630,288	53,223,084		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	103,522,829	53,223,084		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	103,522,829	53,223,084		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	69,184,753	34,969,533		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	34,338,076	18,253,551		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	34,338,076	18,253,551		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	34,338,076	18,253,551		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	34,338,076	18,253,551		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	34,338,076	18,253,551		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	34,338,076	18,253,551		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus 41)	34,338,076	18,253,551		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2013 3:36 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	942,324		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	942,324	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	942,324	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	942,324	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2013 3:36 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	455,833		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	455,833	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	455,833	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	775,043		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	775,043	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	775,043	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	319,210	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	455,833	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	455,833	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	455,833	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	455,833	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	455,833	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	455,833	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	455,833	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/25/2013 3:36 pm	
		Title XVII	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.			324.18	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			3.24	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)			320.94	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			403.86	6.00
7.00	Enter the lesser of line 5 or line 6			320.94	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.	92.67	272.42	365.09	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.	73.64	216.49	290.13	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	73.64	216.49		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	72.56	218.51		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	75.51	217.65		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	73.90	217.55		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	0.00		16.00
17.00	Adjusted rolling average FTE count	73.90	217.55		17.00
18.00	Per resident amount	81,462.56	81,462.56		18.00
19.00	Approved amount for resident costs	6,020,083	17,722,180	23,742,263	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)			15.50	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			82.92	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			14.01	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,838.30	23.00
24.00	Multiply line 22 time line 23			1,342,695	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			25,084,958	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	50,395	9,205		26.00
27.00	Total Inpatient Days (see instructions)	143,500	143,500		27.00
28.00	Ratio of inpatient days to total inpatient days	0.351185	0.064146		28.00
29.00	Program direct GME amount	8,809,461	1,609,100		29.00
30.00	Reduction for direct GME payments for Medicare managed care		227,366		30.00
31.00	Net Program direct GME amount			10,191,195	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/25/2013 3:36 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)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			5,843,697 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 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)			173,338,685 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			21,063,376 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)			869,649 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			193,532,412 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			98,876,340 42.00
43.00	Primary payer payments (see instructions)			26,355 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			98,849,985 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			292,382,397 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.661915 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.338085 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			10,191,195 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			6,745,705 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			3,445,490 50.00

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

Provider CCN: 520098

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

Worksheet G

Date/Time Prepared:
11/25/2013 3:36 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	65,848,577	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	144,170,990	0	0	0	4.00
5.00	Other receivable	12,733,356	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,064,982	0	0	0	7.00
8.00	Prepaid expenses	6,791,876	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)	238,609,781	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,064,366	0	0	0	12.00
13.00	Land improvements	2,852,607	0	0	0	13.00
14.00	Accumulated depreciation	-1,849,279	0	0	0	14.00
15.00	Buildings	545,462,526	0	0	0	15.00
16.00	Accumulated depreciation	-259,005,408	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	312,714,175	0	0	0	23.00
24.00	Accumulated depreciation	-176,669,583	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	37,279,174	0	0	0	27.00
28.00	Accumulated depreciation	-36,614,459	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)	441,234,119	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	566,645,509	375,391,612	2,498,020	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	28,058,367	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	594,703,876	375,391,612	2,498,020	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,274,547,776	375,391,612	2,498,020	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,282,531	0	0	0	37.00
38.00	Salaries, wages, and fees payable	42,114,339	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	2,454,502	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	162,044,566	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	214,895,938	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	0	0	0	0	48.00
49.00	Other long term liabilities	575,721,820	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	575,721,820	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	790,617,758	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	483,930,018				52.00
53.00	Specific purpose fund		375,391,612			53.00
54.00	Donor created - endowment fund balance - restricted			2,498,020		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)	483,930,018	375,391,612	2,498,020	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,274,547,776	375,391,612	2,498,020	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 520098

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

Worksheet G-1

Date/Time Prepared:
11/25/2013 3:36 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		396,906,018		375,391,612		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		87,024,000				2.00
3.00	Total (sum of line 1 and line 2)		483,930,018		375,391,612		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)		483,930,018		375,391,612		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)		483,930,018		375,391,612		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	2,498,020		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)	2,498,020		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)	2,498,020		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)	2,498,020		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 520098

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	209,169,511		209,169,511	1.00
2.00	SUBPROVIDER - IPF	7,411,251		7,411,251	2.00
3.00	SUBPROVIDER - IRF	8,792,039		8,792,039	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF		0	0	5.00
6.00	Swing bed - NF		0	0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	225,372,801		225,372,801	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		0	0	11.00
11.01	TRAUMA INTENSIVE CARE UNIT	48,066,774		48,066,774	11.01
11.02	CARDIOTHORACIC SURGERY ICU	26,573,807		26,573,807	11.02
11.03	CARDIAC INTENSIVE CARE UNIT	9,545,952		9,545,952	11.03
11.04	PEDIATRIC INTENSIVE CARE UNIT	34,006,601		34,006,601	11.04
11.05	NEURO INTENSIVE CARE UNIT	29,218,413		29,218,413	11.05
12.00	CORONARY CARE UNIT		0	0	12.00
13.00	BURN INTENSIVE CARE UNIT	8,239,455		8,239,455	13.00
14.00	SURGICAL INTENSIVE CARE UNIT		0	0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	155,651,002		155,651,002	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	381,023,803		381,023,803	17.00
18.00	Ancillary services	931,993,602	1,011,923,005	1,943,916,607	18.00
19.00	Outpatient services	43,168,845	234,022,616	277,191,461	19.00
20.00	RURAL HEALTH CLINIC		0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	21.00
22.00	HOME HEALTH AGENCY		5,435,070	5,435,070	22.00
23.00	AMBULANCE SERVICES		13,750,307	13,750,307	23.00
24.00	CMHC		0	0	24.00
24.10	CORF		0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	25.00
26.00	HOSPICE		0	0	26.00
27.00	OTHER (SPECIFY)		0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,356,186,250	1,265,130,998	2,621,317,248	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,156,469,733		29.00
30.00	ADD (SPECIFY)	0			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)		0		36.00
37.00	DEDUCT (SPECIFY)	0			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)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,156,469,733		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 520098

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

Worksheet G-3

Date/Time Prepared:
11/25/2013 3:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,621,317,248	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,356,215,515	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,265,101,733	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,156,469,733	4.00
5.00	Net income from service to patients (line 3 minus line 4)	108,632,000	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,624,000	6.00
7.00	Income from investments	18,416,000	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	CONTRIBUTION TO UW SCHOOL OF MEDICIN	-42,648,000	24.00
25.00	Total other income (sum of lines 6-24)	-21,608,000	25.00
26.00	Total (line 5 plus line 25)	87,024,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	87,024,000	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 520098

Period: From 07/01/2012

Worksheet H

HHA CCN: 527220

To 06/30/2013

Date/Time Prepared: 11/25/2013 3:36 pm

Home Health Agency I

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	267,720	104,582	211	6,049	298,936	677,498	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,961,513	766,240	0	0	0	2,727,753	6.00
7.00	614,548	240,065	0	0	0	854,613	7.00
8.00	172,607	67,427	0	0	0	240,034	8.00
9.00	2,169	847	0	0	0	3,016	9.00
10.00	52,091	20,349	0	0	0	72,440	10.00
11.00	85,574	33,428	0	0	0	119,002	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	3,156,222	1,232,938	211	6,049	298,936	4,694,356	24.00
	Reclassifi cation	Reclassifi ed 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	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-7	677,491	0	677,491			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,727,753	0	2,727,753			6.00
7.00	0	854,613	0	854,613			7.00
8.00	0	240,034	0	240,034			8.00
9.00	0	3,016	0	3,016			9.00
10.00	0	72,440	0	72,440			10.00
11.00	0	119,002	0	119,002			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-7	4,694,349	0	4,694,349			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: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet H-1 Part I Date/Time Prepared: 11/25/2013 3:36 pm
		HHA CCN: 527220	Home Health Agency I	

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	677,491	0	0	0	677,491	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,727,753	0	0	0	2,727,753	6.00	
7.00	Physical Therapy	854,613	0	0	0	854,613	7.00	
8.00	Occupational Therapy	240,034	0	0	0	240,034	8.00	
9.00	Speech Pathology	3,016	0	0	0	3,016	9.00	
10.00	Medical Social Services	72,440	0	0	0	72,440	10.00	
11.00	Home Health Aide	119,002	0	0	0	119,002	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	4,694,349	0	0	0	4,694,349	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	677,491					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	460,067	3,187,820				6.00	
7.00	Physical Therapy	144,141	998,754				7.00	
8.00	Occupational Therapy	40,485	280,519				8.00	
9.00	Speech Pathology	509	3,525				9.00	
10.00	Medical Social Services	12,218	84,658				10.00	
11.00	Home Health Aide	20,071	139,073				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	0	0				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)	0	0				23.00	
24.00	Total (sum of lines 1-23)		4,694,349				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2012 To 06/30/2013	Worksheet H-1 Part II Date/Time Prepared: 11/25/2013 3:36 pm
		Home Health Agency I		

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	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	-677,491	4,016,858
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,727,753
7.00	Physical Therapy	0	0	0	0	0	854,613
8.00	Occupational Therapy	0	0	0	0	0	240,034
9.00	Speech Pathology	0	0	0	0	0	3,016
10.00	Medical Social Services	0	0	0	0	0	72,440
11.00	Home Health Aide	0	0	0	0	0	119,002
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-677,491	4,016,858
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		677,491
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.168662

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098

Period: From 07/01/2012

Worksheet H-2

HHA CCN: 527220

To 06/30/2013

Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Home Health Agency I

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS					600 HIGHLAND	
		BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC			
		1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	0	0	0	185	1.00	
2.00 Skilled Nursing Care	3,187,820	0	0	0	0	775	2.00	
3.00 Physical Therapy	998,754	0	0	0	0	240	3.00	
4.00 Occupational Therapy	280,519	0	0	0	0	74	4.00	
5.00 Speech Pathology	3,525	0	0	0	0	0	5.00	
6.00 Medical Social Services	84,658	0	0	0	0	18	6.00	
7.00 Home Health Aide	139,073	0	0	0	0	37	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)	4,694,349	0	0	0	0	1,329	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	CAPITAL RELATED COSTS						EMPLOYEE BENEFITS DEPARTMENT	
	WAI SMAN	USTATION	EXCELSIOR 8007	EXCELSIOR 8501	MVBLE EQUIP			
	1.05	1.06	1.07	1.08	2.00	4.00		
1.00 Administrative and General	0	0	0	0	0	10,732	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	43,171	2.00	
3.00 Physical Therapy	0	0	0	0	0	13,525	3.00	
4.00 Occupational Therapy	0	0	0	0	0	3,799	4.00	
5.00 Speech Pathology	0	0	0	0	0	48	5.00	
6.00 Medical Social Services	0	0	0	0	0	1,146	6.00	
7.00 Home Health Aide	0	0	0	0	0	1,883	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	74,304	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: 520098

Period:

Worksheet H-2

HHA CCN: 527220

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

Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Home Health Agency I

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	10,917	2,434	505	0	1	196	1.00
2.00	Skilled Nursing Care	3,231,766	720,456	2,121	0	6	822	2.00
3.00	Physical Therapy	1,012,519	225,721	657	0	1	255	3.00
4.00	Occupational Therapy	284,392	63,400	202	0	1	78	4.00
5.00	Speech Pathology	3,573	797	0	0	0	0	5.00
6.00	Medical Social Services	85,822	19,132	51	0	0	20	6.00
7.00	Home Health Aide	140,993	31,432	101	0	0	39	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)	4,769,982	1,063,372	3,637	0	9	1,410	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
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	60,286	820	2,504	1.00
2.00	Skilled Nursing Care	0	0	0	242,369	3,297	10,077	2.00
3.00	Physical Therapy	0	0	0	75,893	1,033	3,156	3.00
4.00	Occupational Therapy	0	0	0	21,319	290	887	4.00
5.00	Speech Pathology	0	0	0	306	4	11	5.00
6.00	Medical Social Services	0	0	0	6,426	88	268	6.00
7.00	Home Health Aide	0	0	0	10,609	144	439	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	417,208	5,676	17,342	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: 520098

Period: From 07/01/2012

Worksheet H-2

HHA CCN: 527220

To 06/30/2013

Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Home Health Agency I

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
			(SPECIFY)	HISTOCOMPATIBILITY LAB				
			16.00	17.00				18.00
1.00 Administrative and General	7,024	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	28,256	0	0	0	0	0	0	2.00
3.00 Physical Therapy	8,853	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	2,486	0	0	0	0	0	0	4.00
5.00 Speech Pathology	31	0	0	0	0	0	0	5.00
6.00 Medical Social Services	750	0	0	0	0	0	0	6.00
7.00 Home Health Aide	1,233	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	48,633	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	INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	DIETARY PROGRAM		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00						23.00
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	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: 520098

Period: From 07/01/2012

Worksheet H-2

HHA CCN: 527220

To 06/30/2013

Part I
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	Home Health Agency I	Subtotal	
		23.04	23.05	23.06	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	84,687	0	84,687	1.00
2.00	Skilled Nursing Care	0	0	0	4,239,170	0	4,239,170	2.00
3.00	Physical Therapy	0	0	0	1,328,088	0	1,328,088	3.00
4.00	Occupational Therapy	0	0	0	373,055	0	373,055	4.00
5.00	Speech Pathology	0	0	0	4,722	0	4,722	5.00
6.00	Medical Social Services	0	0	0	112,557	0	112,557	6.00
7.00	Home Health Aide	0	0	0	184,990	0	184,990	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	6,327,269	0	6,327,269	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		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	57,508	4,296,678					2.00
3.00	Physical Therapy	18,017	1,346,105					3.00
4.00	Occupational Therapy	5,061	378,116					4.00
5.00	Speech Pathology	64	4,786					5.00
6.00	Medical Social Services	1,527	114,084					6.00
7.00	Home Health Aide	2,510	187,500					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19) (2)	84,687	6,327,269					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.	0.013566						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: 520098
HHA CCN: 527220

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

Worksheet H-2
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

						Home Health Agency I	
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Cost Center Description	CAPITAL RELATED COSTS						WAI SMAN (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04	1.05		
1.00 Administrative and General	0	0	0	0	10	0	1.00	
2.00 Skilled Nursing Care	0	0	0	0	42	0	2.00	
3.00 Physical Therapy	0	0	0	0	13	0	3.00	
4.00 Occupational Therapy	0	0	0	0	4	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	1	0	6.00	
7.00 Home Health Aide	0	0	0	0	2	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	72	0	20.00	
21.00 Total cost to be allocated	0	0	0	0	1,329	0	21.00	
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	18.458333	0.000000	22.00	

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	USTATION (SQUARE FEET)	EXCELSIOR 8007 (SQUARE FEET)	EXCELSIOR 8501 (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.06	1.07	1.08	2.00			
1.00 Administrative and General	0	0	0	0	455,857	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,833,753	0	2.00
3.00 Physical Therapy	0	0	0	0	574,521	0	3.00
4.00 Occupational Therapy	0	0	0	0	161,364	0	4.00
5.00 Speech Pathology	0	0	0	0	2,028	0	5.00
6.00 Medical Social Services	0	0	0	0	48,699	0	6.00
7.00 Home Health Aide	0	0	0	0	80,000	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	3,156,222	0	20.00
21.00 Total cost to be allocated	0	0	0	0	74,304	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.023542	0	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2
Part II
Date/Time Prepared: 11/25/2013 3:36 pm

Cost Center Description		Home Health Agency I		DIETARY (MEALS SERVED)				
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		5.00	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	10,917	10	0	1	10	0	1.00
2.00	Skilled Nursing Care	3,231,766	42	0	4	42	0	2.00
3.00	Physical Therapy	1,012,519	13	0	1	13	0	3.00
4.00	Occupational Therapy	284,392	4	0	1	4	0	4.00
5.00	Speech Pathology	3,573	0	0	0	0	0	5.00
6.00	Medical Social Services	85,822	1	0	0	1	0	6.00
7.00	Home Health Aide	140,993	2	0	0	2	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)	4,769,982	72	0	7	72	0	20.00
21.00	Total cost to be allocated	1,063,372	3,637	0	9	1,410	0	21.00
22.00	Unit cost multiplier	0.222930	50.513889	0.000000	1.285714	19.583333	0.000000	22.00

Cost Center Description		CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	591	2,433	1,363	784,994	1.00
2.00	Skilled Nursing Care	0	0	2,376	9,787	5,485	3,157,756	2.00
3.00	Physical Therapy	0	0	744	3,066	1,718	989,335	3.00
4.00	Occupational Therapy	0	0	209	861	483	277,872	4.00
5.00	Speech Pathology	0	0	3	11	6	3,491	5.00
6.00	Medical Social Services	0	0	63	260	146	83,860	6.00
7.00	Home Health Aide	0	0	104	427	239	137,762	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	4,090	16,845	9,440	5,435,070	20.00
21.00	Total cost to be allocated	0	0	417,208	5,676	17,342	48,633	21.00
22.00	Unit cost multiplier	0.000000	0.000000	102.006846	0.336955	1.837076	0.008948	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-2 Part II
Date/Time Prepared: 11/25/2013 3:36 pm

		OTHER GENERAL SERVICE					Home Health Agency I	
Cost Center Description	SOCIAL SERVICE (TIME SPENT)	(SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
		(TIME SPENT)	(# OF TESTS)	(ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES	(ASSIGNED TIME)	
		17.00	18.00	18.01	19.00	20.00	21.00	
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	INTERNS & RESIDENTS	PARAMED PRGM COSTS (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST		
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					(ASSIGNED TIME)	(ASSIGNED TIME)	
		22.00	23.00	23.01	23.02	23.03	23.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
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: 520098
HHA CCN: 527220

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

Worksheet H-2
Part II
Date/Time Prepared:
11/25/2013 3:36 pm

Cost Center Description		ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)		
		23.05	23.06		
1.00	Administrative and General	0	0		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0		20.00
21.00	Total cost to be allocated	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520098	Period: 07/01/2012	Worksheet H-3
		HHA CCN: 527220	To 06/30/2013	Part I
		Title XVIII		Date/Time Prepared: 11/25/2013 3:36 pm
		Home Health Agency I		

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 (col. 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	4,296,678		4,296,678	13,596	316.03	1.00
2.00	Physical Therapy	3.00	1,346,105	0	1,346,105	4,977	270.47	2.00
3.00	Occupational Therapy	4.00	378,116	0	378,116	1,130	334.62	3.00
4.00	Speech Pathology	5.00	4,786	0	4,786	14	341.86	4.00
5.00	Medical Social Services	6.00	114,084		114,084	278	410.37	5.00
6.00	Home Health Aide	7.00	187,500		187,500	1,111	168.77	6.00
7.00	Total (sum of lines 1-6)		6,327,269	0	6,327,269	21,106		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		31540	4,486	3,581		8.00
9.00	Physical Therapy		31540	1,763	1,465		9.00
10.00	Occupational Therapy		31540	415	375		10.00
11.00	Speech Pathology		31540	7	7		11.00
12.00	Medical Social Services		31540	95	110		12.00
13.00	Home Health Aide		31540	482	532		13.00
14.00	Total (sum of lines 8-13)			7,248	6,070		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 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	141,743	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	4,486	3,581		1,417,711	1,131,703	1.00
2.00	Physical Therapy	1,763	1,465		476,839	396,239	2.00
3.00	Occupational Therapy	415	375		138,867	125,483	3.00
4.00	Speech Pathology	7	7		2,393	2,393	4.00
5.00	Medical Social Services	95	110		38,985	45,141	5.00
6.00	Home Health Aide	482	532		81,347	89,786	6.00
7.00	Total (sum of lines 1-6)	7,248	6,070		2,156,142	1,790,745	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet H-3 Part I Date/Time Prepared: 11/25/2013 3:36 pm
	HHA CCN: 527220	Title XVII I	Home Health Agency I

Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance		Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies		0		0		15.00	
16.00	Cost of Drugs		0		0		16.00	
Cost Center Description								
	Total Program Cost (sum of col s. 9-10)							
	12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,549,414						1.00
2.00	Physical Therapy	873,078						2.00
3.00	Occupational Therapy	264,350						3.00
4.00	Speech Pathology	4,786						4.00
5.00	Medical Social Services	84,126						5.00
6.00	Home Health Aide	171,133						6.00
7.00	Total (sum of lines 1-6)	3,946,887						7.00
Cost Center Description								
	12.00							
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2012 To 06/30/2013	Worksheet H-3 Part II Date/Time Prepared: 11/25/2013 3:36 pm
Title XVIII			Home Health Agency I	

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	0.433622	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.446276	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.403339	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2012 To 06/30/2013	Worksheet H-4 Part I-II Date/Time Prepared: 11/25/2013 3:36 pm
		Title XVII	Home Health Agency I	
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	1,757,337	1,445,495	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	1,757,337	1,445,495	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	1,757,337	1,445,495	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,051,951	912,649
12.00	Total PPS Reimbursement - Full Episodes with Outliers		62,694	38,783
13.00	Total PPS Reimbursement - LUPA Episodes		25,197	25,894
14.00	Total PPS Reimbursement - PEP Episodes		10,695	12,023
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		37,544	20,314
16.00	Total PPS Outlier Reimbursement - PEP Episodes		1,560	142
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,189,641	1,009,805
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,189,641	1,009,805
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		1,189,641	1,009,805
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,189,641	1,009,805
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,189,641	1,009,805
31.01	Sequestration adjustment (see instructions)		6,326	5,156
32.00	Interim payments (see instructions)		1,183,315	1,004,649
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

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

Provider CCN: 520098
HHA CCN: 527220

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

Worksheet H-5
Date/Time Prepared:
11/25/2013 3:36 pm

		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		1,183,315		1,004,649	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)		1,183,315		1,004,649	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		6,326		5,156	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,189,641		1,009,805	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 520098

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

Worksheet 1-5

Date/Time Prepared:
11/25/2013 3:36 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)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	0	0	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	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	0	0	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	0	0	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			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	0	0	10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 520098	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/25/2013 3:36 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,032,543	1.00
2.00	Capital DRG outlier payments		587,006	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		363.70	3.00
4.00	Number of interns & residents (see instructions)		303.16	4.00
5.00	Indirect medical education percentage (see instructions)		26.52	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		2,130,230	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.05	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.20	8.00
9.00	Sum of lines 7 and 8		20.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.19	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		336,564	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		11,086,343	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