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

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/21/2014 10:46 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/21/2014 Time: 10:46 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RUSH UNIVERSITY MEDICAL CENTER (140119) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	6,269,638	-293,733	649,720	0	1.00
2.00	Subprovider - IPF	0	284,141	0		0	2.00
3.00	Subprovider - IRF	0	-187,211	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	6,366,568	-293,733	649,720	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents , please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/21/2014 10:46 am

PART I - COST REPORT STATUS

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(4) Reopened
(5) Amended

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

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

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Encryption Information
ECR: Date: 11/21/2014 Time: 10:46 am
ZO0kHwK7fgSQCJlDXJUTOWh02ClMv0
1ZPYP0mGcO1jDpWxfj42nDg3.PQyWU
eh4J4pi.Xh0dT6nu
PI: Date: 11/21/2014 Time: 10:46 am
8w:hnqms6CTvgr5APJTkQGy29.Ito0
bFS3h0cY0bQhBmeUxWHUkQIo4co:Dl
vH3m0jOXHS0ua85M

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	6,269,638	-293,733	649,720	0	1.00
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3.00	Subprovider - IRF	0	-187,211	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	6,366,568	-293,733	649,720	0	200.00

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140119

Period: From 07/01/2013 To 06/30/2014

Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:45 am

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

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	RUSH UNIVERSITY MEDICAL CENTER	140119	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF	R.U.M.C. PSYCHIATRIC UNIT	14S119	16974	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF	R.U.M.C. REHABILITATION UNIT	14T119	16974	5	07/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	RUSH ESRD	142312	16974		01/01/2004				18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2013	06/30/2014	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	33,642	2,334	544	0	8,209	2,353	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	1,222	104	0	0	1,321		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:45 am

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

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

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:45 am

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

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings		
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	22.85	303.92	0.069927	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	13.54	96.04	0.123563	65.00
65.01		MED/PEDS	1450	0.62	14.75	0.040338	65.01
65.02		OB GYNE	1750	2.94	17.92	0.140940	65.02
65.03		PEDIATRICS	2000	0.50	34.18	0.014418	65.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:45 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	23.29	337.76	0.064506	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	3.89	99.22	0.037727	67.00
67.01		MED/PEDS	1450	0.39	15.31	0.024841	67.01
67.02		OB GYNE	1750	1.53	18.69	0.075668	67.02
67.03		PEDIATRICS	2000	0.81	33.59	0.023547	67.03

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. 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 an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:45 am

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00

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

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/01/1977		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	11/08/1996		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	04/30/1991		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:45 am

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

	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.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

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

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:45 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/21/2014 10:45 am

General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

Provider Organization and Operation

		Y/N	Date	
		1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

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

Financial Data and Reports

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

Approved Educational Activities

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

Bad Debts

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

Bed Complement

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

PS&R Data

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/21/2014 10:45 am

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

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y	35.00

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BOBBY	WILLIAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH UNIVERSITY MEDICAL CENTER		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-942-8955	BOBBY_G_WILLIAMS@RUSH.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/21/2014 10:45 am

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

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140119

Period: From 07/01/2013 To 06/30/2014

Worksheet S-2 Part V Date/Time Prepared: 11/21/2014 10:45 am

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

HFS Supplemental Information	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part IX Date/Time Prepared: 11/21/2014 10:45 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/21/2014 10:45 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	379	137,558	0.00	5	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		379	137,558	0.00	5	7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	50	18,231	0.00	0	11.00
12.00	MEDICAL INTENSIVE CARE UNIT	35.00	52	18,919	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	20	7,291	0.00	0	12.01
12.02	PREMATURE INTENSIVE CARE UNIT	35.02	55	20,561	0.00	0	12.02
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		556	202,560	0.00	5	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	67	24,455		0	16.00
17.00	SUBPROVIDER - IRF	41.00	54	19,710		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		677				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/21/2014 10:45 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	38,846	18,666	102,283			1.00
2.00	HMO and other (see instructions)	4,213	11,106				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	1,321				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	38,846	18,666	102,283			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	4,823	2,018	13,022			11.00
12.00	MEDICAL INTENSIVE CARE UNIT	7,537	2,358	14,614			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	26	2,480	3,510			12.01
12.02	PREMATURE INTENSIVE CARE UNIT	0	8,896	14,347			12.02
13.00	NURSERY		1,558	3,880			13.00
14.00	Total (see instructions)	51,232	35,976	151,656	515.68	7,557.71	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	6,687	4,184	16,487	5.29	81.80	16.00
17.00	SUBPROVIDER - IRF	6,485	1,326	11,107	1.33	62.30	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				522.30	7,701.81	27.00
28.00	Observation Bed Days		0	5,505			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/21/2014 10:45 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		2	10,022	5,461	28,672	1.00
2.00	HMO and other (see instructions)			0	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	MEDICAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
12.02	PREMATURE INTENSIVE CARE UNIT						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	2	10,022	5,461	28,672	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	565	586	1,864	16.00
17.00	SUBPROVIDER - IRF	0.00	0	586	109	979	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 11/21/2014 10:45 am

		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	622,666,514	0	622,666,514	16,211,934.00	38.41	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		18,948,850	0	18,948,850	182,162.00	104.02	4.00
4.01	Physicians - Part A - Teaching		4,130,440	0	4,130,440	40,857.00	101.10	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	32,137,753	1,053,085	33,190,838	1,353,778.00	24.52	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		213,861,172	1,841,227	215,702,399	4,144,081.00	52.05	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		605,716	0	605,716	14,582.00	41.54	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		94,553,924	0	94,553,924			17.00
18.00	Wage-related costs (other) (see instructions)		10,993,407	0	10,993,407			18.00
19.00	Excluded areas		58,362,812	0	58,362,812			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		3,990,333	0	3,990,333			22.00
22.01	Physician Part A - Teaching		877,000	0	877,000			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		13,463,825	0	13,463,825			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	3,648,726	0	3,648,726	93,502.00	39.02	26.00
27.00	Administrative & General	5.00	88,368,737	-792,690	87,576,047	2,912,747.00	30.07	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	12,293,983	-15,328	12,278,655	378,660.00	32.43	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	606,404	0	606,404	30,522.00	19.87	31.00
32.00	Housekeeping	9.00	13,542,814	0	13,542,814	690,424.00	19.62	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,423,988	0	6,423,988	296,567.00	21.66	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,820,802	0	1,820,802	98,617.00	18.46	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	6,254,995	-148,500	6,106,495	313,469.00	19.48	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	9,808,742	-968,386	8,840,356	228,198.00	38.74	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2014 10:45 am

		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	
41.00	Medical Records & Medical Records Library	16.00	10,271,287	-30,479	10,240,808	275,580.00	37.16	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	27,445,711	-1,984,139	25,461,572	725,345.00	35.10	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119

Period:
From 07/01/2013
To 06/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
11/21/2014 10:45 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		586,398,321	-1,053,085	585,345,236	14,817,299.00	39.50	1.00
2.00	Excluded area salaries (see instructions)		213,861,172	1,841,227	215,702,399	4,144,081.00	52.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)		372,537,149	-2,894,312	369,642,837	10,673,218.00	34.63	3.00
4.00	Subtotal other wages & related costs (see inst.)		605,716	0	605,716	14,582.00	41.54	4.00
5.00	Subtotal wage-related costs (see inst.)		109,537,664	0	109,537,664	0.00	29.63	5.00
6.00	Total (sum of lines 3 thru 5)		482,680,529	-2,894,312	479,786,217	10,687,800.00	44.89	6.00
7.00	Total overhead cost (see instructions)		180,486,189	-3,939,522	176,546,667	6,043,631.00	29.21	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part IV Date/Time Prepared: 11/21/2014 10:45 am

		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	11,591,926	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	53,145,436	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)	52,374,632	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,244,261	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	1,712,479	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,177,685	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	401,745	16.00
	TAXES		
17.00	FICA-Employers Portion Only	41,985,762	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	891,720	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	3,722,248	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	171,247,894	24.00
	Part B - Other than Core Related Cost		
25.00	VARIOUS	10,993,407	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part V Date/Time Prepared: 11/21/2014 10:45 am

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-5 | Date/Time Prepared: 11/21/2014 10:45 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	13	0	0	0	4	1.00
2.00	Number of times per week patient receives dialysis	0.00	7.00	0.00	0.00	0.00	7.00	2.00
3.00	Average patient dialysis time including setup	0.00	4.50	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	0	176					5.00
6.00	Number of stations	0	5	0	0			6.00
7.00	Treatment capacity per day per station	0	2					7.00
8.00	Utilization (see instructions)	0.00	7.60					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

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

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	4		11.00
12.00	Number of patients transplanted during the cost reporting period	1		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

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

		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1.00	2.00	3.00	4.00	5.00	
	ESAs						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)		105,582	0	14,958,000	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-10 | Date/Time Prepared: 11/21/2014 10:45 am

		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)	0.251261	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	104,049,440	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	40,073,855	5.00
6.00	Medicaid charges	639,925,801	6.00
7.00	Medicaid cost (line 1 times line 6)	160,788,397	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)	16,665,102	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)	146,835	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	315,149	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	79,185	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	1,089,104	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)	16,665,102	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	104,630,385	5,410,278	110,040,663	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	26,289,535	1,359,392	27,648,927	21.00
22.00	Partial payment by patients approved for charity care	62,954	67,479	130,433	22.00
23.00	Cost of charity care (line 21 minus line 22)	26,226,581	1,291,913	27,518,494	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	16,716,182	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	4,967,792	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	11,748,390	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,951,912	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	30,470,406	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	47,135,508	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL		-21,916,662	-21,916,662	23,833,295	1,916,633	1.01
1.02	00102	DEPRECIATION DIRECT BLDG		0	0	8,217,680	8,217,680	1.02
1.03	00103	DEPRECIATION KELLOGG PAV		0	0	3,437,689	3,437,689	1.03
1.04	00104	DEPRECIATION JELKE SOUTH		0	0	3,383,583	3,383,583	1.04
1.05	00105	DEPRECIATION ATRIUM PAV		0	0	4,331,998	4,331,998	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH		0	0	1,674,854	1,674,854	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH		0	0	1,327,474	1,327,474	1.07
1.08	00108	DEPRECIATION WOOD ST		0	0	342,797	342,797	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY		0	0	1,338,199	1,338,199	1.09
1.10	00110	DEPRECIATION PRO BLDG III		0	0	1,222,657	1,222,657	1.10
1.11	00111	DEPRECIATION JRB		0	0	881,562	881,562	1.11
1.12	00112	DEPRECIATION TOB		0	0	1,017,643	1,017,643	1.12
1.13	00113	DEPRECIATION EQUIPMENT		0	0	48,943,398	48,943,398	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS		0	0	1,121,611	1,121,611	1.14
1.15	00115	DEPRECIATION KIDSTON		0	0	51,844	51,844	1.15
1.16	00116	DEPRECIATION COHN		0	0	1,515,554	1,515,554	1.16
1.17	00117	DEPRECIATION TOWER		0	0	18,362,455	18,362,455	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
2.01	00201	INTEREST GENERAL		30,684,246	30,684,246	-27,177,649	3,506,597	2.01
2.02	00202	INTEREST DIRECT BLDG		0	0	1,576,353	1,576,353	2.02
2.03	00203	INTEREST ATRUM PAV		0	0	5,244,780	5,244,780	2.03
2.04	00204	INTEREST PRO BLDG SOUTH		0	0	838,348	838,348	2.04
2.05	00205	INTEREST TOB		0	0	1,259,442	1,259,442	2.05
2.06	00206	INTEREST PRO BLDG III		0	0	18,020	18,020	2.06
2.07	00207	INTEREST TOWER		0	0	18,149,755	18,149,755	2.07
2.08	00208	INTEREST PRO BLDG NORTH		0	0	90,951	90,951	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,648,726	-2,345,371	1,303,355	141,976,780	143,280,135	4.00
5.01	00590	TRANSITION RECRUITMENT	10,239	41,967,160	41,977,399	-2,585	41,974,814	5.01
5.02	00540	PARKING GARAGE	0	4,302,885	4,302,885	715,339	5,018,224	5.02
5.03	00541	RESEARCH ADMINISTRATION	2,722,200	9,291,081	12,013,281	-5,978,705	6,034,576	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	3,007,861	1,836,324	4,844,185	-988,476	3,855,709	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	2,765,630	1,314,103	4,079,733	-1,040,542	3,039,191	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	583,498	141,987	725,485	-1,346,024	-620,539	5.06
5.07	00545	ADMIN & GEN PT SERVICE	14,936,322	18,310,144	33,246,466	14,382,677	47,629,143	5.07
5.08	00546	PERSONNEL DEPARTMENT	3,287,266	4,040,232	7,327,498	-1,257,132	6,070,366	5.08
5.09	00547	RESEARCH FACULTY	8,663,956	7,073,720	15,737,676	-4,004,027	11,733,649	5.09
5.10	00548	RESEARCH SPA	5,836,181	5,216,649	11,052,830	-1,740,749	9,312,081	5.10
5.11	00560	CORPORATE ADMINISTRATION	46,555,584	72,792,998	119,348,582	5,497,898	124,846,480	5.11
6.00	00600	MAINTENANCE & REPAIRS	12,293,983	48,942,308	61,236,291	-2,433,625	58,802,666	6.00
6.01	00601	RENTED SPACE COSTS	0	93,493	93,493	0	93,493	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	606,404	4,587,806	5,194,210	-1,020,570	4,173,640	8.00
9.00	00900	HOUSEKEEPING	13,542,814	6,867,713	20,410,527	-3,094,620	17,315,907	9.00
10.00	01000	DIETARY	459,660	354,820	814,480	-301,861	512,619	10.00
10.01	01001	PATIENT FOOD SERVICE	5,964,328	5,172,123	11,136,451	-3,213,318	7,923,133	10.01
11.00	01100	CAFETERIA	1,820,802	3,679,538	5,500,340	-2,286,795	3,213,545	11.00
13.00	01300	NURSING ADMINISTRATION	6,254,995	3,988,996	10,243,991	-2,579,066	7,664,925	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,098,057	3,098,057	-2,985,982	112,075	14.00
15.00	01500	PHARMACY	9,808,742	79,434,184	89,242,926	-30,805,053	58,437,873	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,930,621	4,787,727	8,718,348	-1,798,221	6,920,127	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	6,340,666	3,008,811	9,349,477	-1,936,814	7,412,663	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,877,830	578,239	2,456,069	-573,370	1,882,699	18.00
18.01	01080	CLINICAL LAB ADMIN PED	168,378	326,959	495,337	-251,226	244,111	18.01
18.02	01081	CLINICAL LAB ADMIN OB	1,544,325	664,873	2,209,198	-429,068	1,780,130	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	2,215,219	1,307,965	3,523,184	-526,623	2,996,561	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	252,212	311,855	564,067	-75,747	488,320	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	7,085	1,390,433	1,397,518	-759,301	638,217	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	227,946	227,946	-95,463	132,483	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	570	570	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	511,531	219,351	730,882	679,861	1,410,743	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	771,605	2,050,064	2,821,669	-274,961	2,546,708	18.09
18.12	01091	DISCRETIONARY OPERATIONS	7,167,048	4,081,445	11,248,493	-5,496,779	5,751,714	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	3,742,719	-8,577,229	-4,834,510	11,542,359	6,707,849	18.14
18.16	01095	NURSING SCHOOL SPLIT	9,187,759	8,945,222	18,132,981	-7,646,627	10,486,354	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	2,784,898	2,784,898	19.00
20.00	02000	NURSING SCHOOL	0	0	0	3,307,281	3,307,281	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	32,137,753	18,162,911	50,300,664	-14,682,060	35,618,604	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,247,961	3,747,380	9,995,341	-2,495,642	7,499,699	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,686,866	6,583,143	8,270,009	-6,377,936	1,892,073	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	234,430	87,836	322,266	78,556	400,822	23.01
23.02	02302	PARAMED DIETARY	343,714	112,273	455,987	31,241	487,228	23.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
23.03	02303	PARAMED SPEECH	989,949	630,366	1,620,315	180,371	1,800,686	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	637,849	356,444	994,293	117,976	1,112,269	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	17,012	4,892	21,904	157,396	179,300	23.05
23.06	02306	PARAMED PASTORAL CARE	134,517	32,358	166,875	313,408	480,283	23.06
23.07	02307	PARAMED TECHNOLOGY	594,169	308,174	902,343	135,440	1,037,783	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	216,273	139,471	355,744	49,708	405,452	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	562,999	562,999	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	549,606	282,563	832,169	70,300	902,469	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	628,611	366,609	995,220	167,052	1,162,272	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,463,336	30,184,593	75,647,929	-26,095,271	49,552,658	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,808,262	6,858,887	17,667,149	-5,385,265	12,281,884	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	13,885,293	7,794,297	21,679,590	-6,357,799	15,321,791	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	4,285,312	2,309,985	6,595,297	-1,566,361	5,028,936	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	9,161,203	4,903,931	14,065,134	-3,777,801	10,287,333	35.02
40.00	04000	SUBPROVIDER - IPF	6,405,859	3,508,329	9,914,188	-3,282,547	6,631,641	40.00
41.00	04100	SUBPROVIDER - IRF	4,405,481	2,812,305	7,217,786	-2,549,330	4,668,456	41.00
43.00	04300	NURSERY	0	0	0	1,822,512	1,822,512	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,578,829	88,834,489	104,413,318	-61,557,873	42,855,445	50.00
51.00	05100	RECOVERY ROOM	3,823,412	3,501,910	7,325,322	-3,232,147	4,093,175	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,141,983	2,537,503	6,679,486	-1,952,729	4,726,757	52.00
53.00	05300	ANESTHESIOLOGY	3,280,890	4,364,052	7,644,942	-4,746,025	2,898,917	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,514,980	18,700,156	30,215,136	-9,877,410	20,337,726	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,010,537	7,494,408	10,504,945	-2,416,006	8,088,939	55.00
56.00	05600	RADIOISOTOPE	769,641	1,601,342	2,370,983	-760,090	1,610,893	56.00
60.00	06000	LABORATORY	20,855,732	36,449,813	57,305,545	-10,752,864	46,552,681	60.00
60.01	06002	LABORATORY - HLA	483,800	529,664	1,013,464	-212,462	801,002	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	1,938,615	13,242,514	15,181,129	-1,059,265	14,121,864	62.00
64.00	06400	INTRAVENOUS THERAPY	0	52,673	52,673	0	52,673	64.00
65.00	06500	RESPIRATORY THERAPY	4,480,819	4,631,231	9,112,050	-1,766,148	7,345,902	65.00
66.00	06600	PHYSICAL THERAPY	3,408,745	2,021,813	5,430,558	-1,884,901	3,545,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,261,449	1,261,978	3,523,427	-1,202,080	2,321,347	67.00
68.00	06800	SPEECH PATHOLOGY	1,435,020	1,093,181	2,528,201	-923,516	1,604,685	68.00
69.00	06900	ELECTROCARDIOLOGY	2,573,183	9,871,455	12,444,638	-6,785,262	5,659,376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	881,325	642,973	1,524,298	-451,023	1,073,275	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	749,107	749,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	52,730,178	52,730,178	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,364,584	26,364,584	73.00
74.00	07400	RENAL DIALYSIS	354,306	3,246,964	3,601,270	-2,902,377	698,893	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	2,766,679	2,766,679	76.00
76.01	03021	PSYCH DAY HOSPITAL	2,933,996	1,588,502	4,522,498	-959,454	3,563,044	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,749,316	24,382,360	38,131,676	-11,155,027	26,976,649	90.00
91.00	09100	EMERGENCY	8,853,455	7,787,602	16,641,057	-5,775,732	10,865,325	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,277,586	5,428,148	6,705,734	-433,257	6,272,477	105.00
106.00	10600	HEART ACQUISITION	508,589	551,662	1,060,251	-128,419	931,832	106.00
107.00	10700	LIVER ACQUISITION	788,089	988,818	1,776,907	-233,764	1,543,143	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	124,419	410,546	534,965	-31,679	503,286	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	428,348,361	678,654,699	1,107,003,060	99,476,611	1,206,479,671	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	986,995	3,096,548	4,083,543	-1,084,843	2,998,700	190.00
190.01	19001	FUND RAISING	3,793,107	2,363,950	6,157,057	-1,196,607	4,960,450	190.01
190.02	19002	RUSH DAY SCHOOL	1,439,975	646,059	2,086,034	-363,594	1,722,440	190.02
191.00	19100	RESEARCH	24,130,194	15,549,945	39,680,139	0	39,680,139	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	8,553,833	3,740,018	12,293,851	0	12,293,851	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,207,539	23,523,562	26,731,101	-24,436,805	2,294,296	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	120,264,372	81,341,191	201,605,563	-56,485,918	145,119,645	192.00
194.00	07950	MEDICAL COLLEGE	15,780,710	15,721,968	31,502,678	-10,655,615	20,847,063	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,768,212	35,573,630	40,341,842	-1,552,346	38,789,496	194.01
194.02	07952	AFFIL CORP ROOM 500	845,109	2,001,778	2,846,887	-1,208,285	1,638,602	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.03	07953	AFFIL CORP JOINT VENTURES	9,519,532	10,336,562	19,856,094	-2,256,026	17,600,068	194.03
194.04	07954	CON - GNE	1,028,575	733,346	1,761,921	-236,572	1,525,349	194.04
200.00		TOTAL (SUM OF LINES 118-199)	622,666,514	873,283,256	1,495,949,770	0	1,495,949,770	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	108,098	2,024,731		1.01
1.02	00102	DEPRECIATION DIRECT BLDG	-33,049	8,184,631		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	3,437,689		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	3,383,583		1.04
1.05	00105	DEPRECIATION ATRIUM PAV	19,947	4,351,945		1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	1,674,854		1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	119,472	1,446,946		1.07
1.08	00108	DEPRECIATION WOOD ST	0	342,797		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	7,660	1,345,859		1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,222,657		1.10
1.11	00111	DEPRECIATION JRB	357,514	1,239,076		1.11
1.12	00112	DEPRECIATION TOB	0	1,017,643		1.12
1.13	00113	DEPRECIATION EQUIPMENT	-1,387,114	47,556,284		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	1,121,611		1.14
1.15	00115	DEPRECIATION KIDSTON	0	51,844		1.15
1.16	00116	DEPRECIATION COHN	0	1,515,554		1.16
1.17	00117	DEPRECIATION TOWER	0	18,362,455		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
2.01	00201	INTEREST GENERAL	-1,726,735	1,779,862		2.01
2.02	00202	INTEREST DIRECT BLDG	-776,235	800,118		2.02
2.03	00203	INTEREST ATRUM PAV	-2,582,659	2,662,121		2.03
2.04	00204	INTEREST PRO BLDG SOUTH	-412,823	425,525		2.04
2.05	00205	INTEREST TOB	-620,180	639,262		2.05
2.06	00206	INTEREST PRO BLDG III	-8,873	9,147		2.06
2.07	00207	INTEREST TOWER	-8,937,386	9,212,369		2.07
2.08	00208	INTEREST PRO BLDG NORTH	-44,787	46,164		2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,992,723	172,272,858		4.00
5.01	00590	TRANSITION RECRUITMENT	-41,895,047	79,767		5.01
5.02	00540	PARKING GARAGE	-10,118,989	-5,100,765		5.02
5.03	00541	RESEARCH ADMINISTRATION	-12,899	6,021,677		5.03
5.04	00542	ADMIN & GEN INPT SERVICE	-9,746	3,845,963		5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	3,039,191		5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	-620,539		5.06
5.07	00545	ADMIN & GEN PT SERVICE	-1,474,400	46,154,743		5.07
5.08	00546	PERSONNEL DEPARTMENT	0	6,070,366		5.08
5.09	00547	RESEARCH FACULTY	-105,765	11,627,884		5.09
5.10	00548	RESEARCH SPA	-530,112	8,781,969		5.10
5.11	00560	CORPORATE ADMINISTRATION	-57,151,632	67,694,848		5.11
6.00	00600	MAINTENANCE & REPAIRS	-802,429	58,000,237		6.00
6.01	00601	RENTED SPACE COSTS	0	93,493		6.01
8.00	00800	LAUNDRY & LINEN SERVICE	-43,646	4,129,994		8.00
9.00	00900	HOUSEKEEPING	0	17,315,907		9.00
10.00	01000	DIETARY	-105	512,514		10.00
10.01	01001	PATIENT FOOD SERVICE	-39,495	7,883,638		10.01
11.00	01100	CAFETERIA	-2,726,107	487,438		11.00
13.00	01300	NURSING ADMINISTRATION	-125,115	7,539,810		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	112,075		14.00
15.00	01500	PHARMACY	0	58,437,873		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-31,466	6,888,661		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	-113,012	7,299,651		16.01
18.00	01850	CLINICAL LAB ADMIN MED	-49,067	1,833,632		18.00
18.01	01080	CLINICAL LAB ADMIN PED	-79,406	164,705		18.01
18.02	01081	CLINICAL LAB ADMIN OB	-195,012	1,585,118		18.02
18.03	01082	CLINICAL LAB ADMIN SURG	-639,950	2,356,611		18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	600	488,920		18.04
18.05	01084	CLINICAL LAB ADMIN PATH	-378,131	260,086		18.05
18.06	01085	CLINICAL LAB ADMIN CARD	-135,748	-3,265		18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	-570	0		18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	-997,913	412,830		18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	-22,770	2,523,938		18.09
18.12	01091	DISCRETIONARY OPERATIONS	-7,801,269	-2,049,555		18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	-1,000,292	5,707,557		18.14
18.16	01095	NURSING SCHOOL SPLIT	0	10,486,354		18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	-2,784,898	0		19.00
20.00	02000	NURSING SCHOOL	-16,643,526	-13,336,245		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,280,077	34,338,527		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-657,340	6,842,359		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	-1,470,035	422,038		23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-787,942	-387,120		23.01
23.02	02302	PARAMED DIETARY	-788,890	-301,662		23.02
23.03	02303	PARAMED SPEECH	-2,729,269	-928,583		23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-2,344,456	-1,232,187		23.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
23.05	02305	PARAMED MEDICAL PHYSICS	0	179,300		23.05
23.06	02306	PARAMED PASTORAL CARE	-3,000	477,283		23.06
23.07	02307	PARAMED TECHNOLOGY	-1,951,851	-914,068		23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-707,096	-301,644		23.08
23.09	02309	PARAMED PHARMACY	-46,000	516,999		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-1,758,168	-855,699		23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-2,509,493	-1,347,221		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-42,594	49,510,064		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-5,500	12,276,384		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	-223,008	15,098,783		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	5,028,936		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	-181,662	10,105,671		35.02
40.00	04000	SUBPROVIDER - IPF	0	6,631,641		40.00
41.00	04100	SUBPROVIDER - IRF	0	4,668,456		41.00
43.00	04300	NURSERY	0	1,822,512		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-10,338	42,845,107		50.00
51.00	05100	RECOVERY ROOM	0	4,093,175		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,726,757		52.00
53.00	05300	ANESTHESIOLOGY	-80,731	2,818,186		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-134,826	20,202,900		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,088,939		55.00
56.00	05600	RADIOISOTOPE	0	1,610,893		56.00
60.00	06000	LABORATORY	-2,404,493	44,148,188		60.00
60.01	06002	LABORATORY - HLA	0	801,002		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-7,620	14,114,244		62.00
64.00	06400	INTRAVENOUS THERAPY	-29	52,644		64.00
65.00	06500	RESPIRATORY THERAPY	-19,872	7,326,030		65.00
66.00	06600	PHYSICAL THERAPY	-3,268	3,542,389		66.00
67.00	06700	OCCUPATIONAL THERAPY	-50	2,321,297		67.00
68.00	06800	SPEECH PATHOLOGY	-4,814	1,599,871		68.00
69.00	06900	ELECTROCARDIOLOGY	-405,936	5,253,440		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-48,770	1,024,505		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	749,107		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	52,730,178		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-76,950	26,287,634		73.00
74.00	07400	RENAL DIALYSIS	-7,924	690,969		74.00
76.00	03020	RENAL DIALYSIS I/P	0	2,766,679		76.00
76.01	03021	PSYCH DAY HOSPITAL	-132,020	3,431,024		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-51,135	26,925,514		90.00
91.00	09100	EMERGENCY	-35,071	10,830,254		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	6,272,477		105.00
106.00	10600	HEART ACQUISITION	0	931,832		106.00
107.00	10700	LIVER ACQUISITION	0	1,543,143		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	503,286		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0		114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-153,742,572	1,052,737,099		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,998,700		190.00
190.01	19001	FUND RAISING	-160,836	4,799,614		190.01
190.02	19002	RUSH DAY SCHOOL	0	1,722,440		190.02
191.00	19100	RESEARCH	0	39,680,139		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	12,293,851		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	2,294,296		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	145,119,645		192.00
194.00	07950	MEDICAL COLLEGE	-18,211	20,828,852		194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	38,789,496		194.01
194.02	07952	AFFIL CORP ROOM 500	0	1,638,602		194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	17,600,068		194.03
194.04	07954	CON - GNE	0	1,525,349		194.04
200.00		TOTAL (SUM OF LINES 118-199)	-153,921,619	1,342,028,151		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet Non-CMS W | Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	DEPRECIATION OLD HOSPITAL	00101		1.01
1.02	DEPRECIATION DIRECT BLDG	00102		1.02
1.03	DEPRECIATION KELLOGG PAV	00103		1.03
1.04	DEPRECIATION JELKE SOUTH	00104		1.04
1.05	DEPRECIATION ATRIUM PAV	00105		1.05
1.06	DEPRECIATION PRO BLDG NORTH	00106		1.06
1.07	DEPRECIATION PRO BLDG SOUTH	00107		1.07
1.08	DEPRECIATION WOOD ST	00108		1.08
1.09	DEPRECIATION ACADEMIC FACILITY	00109		1.09
1.10	DEPRECIATION PRO BLDG III	00110		1.10
1.11	DEPRECIATION JRB	00111		1.11
1.12	DEPRECIATION TOB	00112		1.12
1.13	DEPRECIATION EQUIPMENT	00113		1.13
1.14	DEPRECIATION ORTHOPEDICS	00114		1.14
1.15	DEPRECIATION KIDSTON	00115		1.15
1.16	DEPRECIATION COHN	00116		1.16
1.17	DEPRECIATION TOWER	00117		1.17
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	INTEREST GENERAL	00201		2.01
2.02	INTEREST DIRECT BLDG	00202		2.02
2.03	INTEREST ATRUM PAV	00203		2.03
2.04	INTEREST PRO BLDG SOUTH	00204		2.04
2.05	INTEREST TOB	00205		2.05
2.06	INTEREST PRO BLDG III	00206		2.06
2.07	INTEREST TOWER	00207		2.07
2.08	INTEREST PRO BLDG NORTH	00208		2.08
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	TRANSITION RECRUITMENT	00590		5.01
5.02	PARKING GARAGE	00540		5.02
5.03	RESEARCH ADMINISTRATION	00541		5.03
5.04	ADMIN & GEN INPT SERVICE	00542		5.04
5.05	ADMIN & GEN OUTPT SERVICE	00543		5.05
5.06	ADMIN & GEN ANIMAL LAB	00544		5.06
5.07	ADMIN & GEN PT SERVICE	00545		5.07
5.08	PERSONNEL DEPARTMENT	00546		5.08
5.09	RESEARCH FACULTY	00547		5.09
5.10	RESEARCH SPA	00548		5.10
5.11	CORPORATE ADMINISTRATION	00560		5.11
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01	RENTED SPACE COSTS	00601		6.01
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
10.01	PATIENT FOOD SERVICE	01001		10.01
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
16.01	MEDICAL RECORDS & LIBRARY	01601		16.01
18.00	CLINICAL LAB ADMIN MED	01850		18.00
18.01	CLINICAL LAB ADMIN PED	01080		18.01
18.02	CLINICAL LAB ADMIN OB	01081		18.02
18.03	CLINICAL LAB ADMIN SURG	01082		18.03
18.04	CLINICAL LAB ADMIN PSYCH	01083		18.04
18.05	CLINICAL LAB ADMIN PATH	01084		18.05
18.06	CLINICAL LAB ADMIN CARD	01085		18.06
18.07	CLINICAL LAB ADMIN HEMAT	01086		18.07
18.08	CLINICAL LAB ADMIN NEUR	01087		18.08
18.09	CLINICAL LAB ADMIN OCLS	01088		18.09
18.12	DISCRETIONARY OPERATIONS	01091		18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	01093		18.14
18.16	NURSING SCHOOL SPLIT	01095		18.16
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	02300		23.00
23.01	PARAMED MEDICAL PERFUSION TECH	02301		23.01
23.02	PARAMED DIETARY	02302		23.02

COST CENTERS USED IN COST REPORT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet Non-CMS W | Date/Time Prepared: 11/21/2014 10:45 am

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

COST CENTERS USED IN COST REPORT	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet Non-CMS W Date/Time Prepared: 11/21/2014 10:45 am

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

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/21/2014 10:45 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - AFFIL CORP FRINGES #45960				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	145,901,360	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
	TOTALS		0	145,901,360	
	B - DIRECT EDUCATION				
1.00	CORPORATE ADMINISTRATION	5.11	1,800	0	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,715,289	0	2.00
3.00	MEDICAL INTENSIVE CARE UNIT	35.00	2,660	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		5,719,749	0	
	C - PARKING GARAGE RECH #49490				
1.00	PARKING GARAGE	5.02	0	728,287	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
	TOTALS		0	728,287	

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	D - REAL ESTATE TAX				
1.00	MAINTENANCE & REPAIRS	6.00	0	1,089,996	1.00
	TOTALS		0	1,089,996	
	E - TRIANGLE BLDG HOUSEKEEPING				
1.00	HOUSEKEEPING	9.00	0	324,941	1.00
	TOTALS		0	324,941	
	F - PROPERTY INSURANCE				
1.00	DEPRECIATION EQUIPMENT	1.13	0	2,835,759	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
	TOTALS		0	2,835,759	
	G - CENTRAL SUPPLY				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	749,107	1.00
	TOTALS		0	749,107	
	H - PHARMACY				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,364,584	1.00
	TOTALS		0	26,364,584	
	I - SPACE RECH #49940				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	118,041,109	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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
	TOTALS		0	118,041,109	
	J - AFFIL CORP OH #45969				
1.00	CORPORATE ADMINISTRATION	5.11	0	38,131,752	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	15,130,116	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	53,261,868	
	K - NURSE ANESTH				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	2,784,898	0	1.00
	TOTALS		2,784,898	0	
	L - DATA CENTER				
1.00	ADMIN & GEN PT SERVICE	5.07	11,134,066	15,555,672	1.00
	TOTALS		11,134,066	15,555,672	
	M - PASTORAL CARE				
1.00	PARAMED PASTORAL CARE	23.06	466,237	44,985	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	134,517	32,358	2.00
3.00		0.00	0	0	3.00
	TOTALS		600,754	77,343	
	N - MALPRACTICE				
1.00	CORPORATE ADMINISTRATION	5.11	0	13,268,297	1.00
	TOTALS		0	13,268,297	
	O - DEPRECIATION				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	1,851,275	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	8,214,930	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	3,302,521	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	3,246,165	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	4,232,023	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,583,059	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	1,262,240	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	340,249	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	1,294,367	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	1,179,860	10.00
11.00	DEPRECIATION JRB	1.11	0	849,745	11.00
12.00	DEPRECIATION TOB	1.12	0	967,978	12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	46,107,639	13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	1,121,611	14.00
15.00	DEPRECIATION KIDSTON	1.15	0	41,506	15.00
16.00	DEPRECIATION COHN	1.16	0	1,515,130	16.00

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
17.00	DEPRECIATION TOWER	1.17	0	18,356,866		17.00
	TOTALS		0	95,467,164		
	P - INTEREST					
1.00	INTEREST GENERAL	2.01	0	3,506,597		1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,576,353		2.00
3.00	INTEREST ATRUM PAV	2.03	0	5,244,780		3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	838,348		4.00
5.00	INTEREST TOB	2.05	0	1,259,442		5.00
6.00	INTEREST PRO BLDG III	2.06	0	18,020		6.00
7.00	INTEREST TOWER	2.07	0	18,149,755		7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0	90,951		8.00
	TOTALS		0	30,684,246		
	Q - NURSING SALARY					
1.00	NURSERY	43.00	1,650,163	859,362		1.00
	TOTALS		1,650,163	859,362		
	R - PHYSICS RESIDENTS					
1.00	PARAMED MEDICAL PHYSICS	23.05	157,128	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		157,128	0		
	S - RENAL DIALYSIS SPLIT					
1.00	RENAL DIALYSIS I/P	76.00	0	2,766,679		1.00
2.00	RENAL DIALYSIS	74.00	173,451	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		173,451	2,766,679		
	T - NON-RESEARCH					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34,672		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	115,045	42,919		2.00
3.00	CORPORATE ADMINISTRATION	5.11	57,094	24,825		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.01	0	97,037		4.00
5.00	CLINICAL LAB ADMIN PED	18.01	40,134	30,042		5.00
6.00	CLINICAL LAB ADMIN OB	18.02	151,749	8,363		6.00
7.00	CLINICAL LAB ADMIN SURG	18.03	233,730	170,204		7.00
8.00	CLINICAL LAB ADMIN PSYCH	18.04	0	10,784		8.00
9.00	CLINICAL LAB ADMIN PATH	18.05	8,395	39,077		9.00
10.00	CLINICAL LAB ADMIN CARD	18.06	86,933	22,565		10.00
11.00	CLINICAL LAB ADMIN HEMAT	18.07	0	570		11.00
12.00	CLINICAL LAB ADMIN NEUR	18.08	581,250	258,404		12.00
13.00	DISCRETIONARY OPERATIONS	18.12	3,688,816	2,309,302		13.00
14.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	396,149	175,068		14.00
15.00	NURSING SCHOOL SPLIT	18.16	42,135	19,907		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	488,797	79,905		16.00
17.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,000	11,966		17.00
18.00	PARAMED RESPIRATORY THERAPY	23.10	0	23		18.00
19.00	ADULTS & PEDIATRICS	30.00	15,522	11,848		19.00
20.00	PREMATURE INTENSIVE CARE UNIT	35.02	7,204	53,438		20.00
21.00	ANESTHESIOLOGY	53.00	0	80,000		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,886		22.00
23.00	LABORATORY	60.00	1,035,371	314,605		23.00
24.00	RESPIRATORY THERAPY	65.00	0	16,044		24.00
25.00	PHYSICAL THERAPY	66.00	0	1,816		25.00
26.00	ELECTROCARDIOLOGY	69.00	110,571	25,542		26.00
27.00	RENAL DIALYSIS	74.00	0	7,924		27.00
28.00	PSYCH DAY HOSPITAL	76.01	49,203	1,000		28.00
29.00	EMERGENCY	91.00	450	181,070		29.00
30.00	FUND RAISING	190.01	66,845	78,618		30.00
	TOTALS		7,176,393	4,112,424		
	U - HSM TEACHING					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	856,046	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
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

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		856,046	0		
	V - TUITION ASSISTANCE					
1.00	NURSING SCHOOL	20.00	0	3,307,281		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	516,567		2.00
	TOTALS		0	3,823,848		
	W - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	107,780		1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	2,750		2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	135,168		3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	137,418		4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	99,975		5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	91,795		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	65,234		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	2,548		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	43,832		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	42,797		10.00
11.00	DEPRECIATION JRB	1.11	0	31,817		11.00
12.00	DEPRECIATION TOB	1.12	0	49,665		12.00
13.00	DEPRECIATION KIDSTON	1.15	0	10,338		13.00
14.00	DEPRECIATION COHN	1.16	0	424		14.00
15.00	DEPRECIATION TOWER	1.17	0	5,589		15.00
	TOTALS		0	827,130		
	X - IMPLANT DIRECT COST					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	52,730,178		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
	TOTALS		0	52,730,178		
	Y - PHARMACY RESIDENTS					
1.00	PARAMED PHARMACY	23.09	544,508	18,491		1.00
	TOTALS		544,508	18,491		
	Z - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	263,886		1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	152,408		2.00
3.00	PARAMED DIETARY	23.02	0	122,414		3.00
4.00	PARAMED TECHNOLOGY	23.07	0	311,150		4.00
5.00	PARAMED SPEECH	23.03	0	549,221		5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	336,464		6.00
7.00	PARAMED MEDICAL PHYSICS	23.05	0	4,181		7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	31,851		8.00
9.00	PARAMED VASCULAR ULTRASOUND	23.08	0	112,771		9.00
10.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	339,271		10.00
11.00	PARAMED RESPIRATORY THERAPY	23.10	0	265,434		11.00
12.00	MEDICAL COLLEGE	194.00	0	83,789		12.00
13.00	MEDICAL COLLEGE	194.00	0	18,799		13.00
14.00	MEDICAL COLLEGE	194.00	0	19,141		14.00
	TOTALS		0	2,610,780		
500.00	Grand Total: Increases		30,797,156	572,098,625		500.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - AFFIL CORP FRINGES #45960					
1.00	TRANSITION RECRUITMENT	5.01	0	2,585	0	1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	626,106	0	2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	759,485	0	3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	698,322	0	4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	134,205	0	5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	6,582,773	0	6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	830,035	0	7.00
8.00	RESEARCH FACULTY	5.09	0	1,971,788	0	8.00
9.00	RESEARCH SPA	5.10	0	1,342,322	0	9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	10,095,343	0	10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	3,104,231	0	11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	153,117	0	12.00
13.00	HOUSEKEEPING	9.00	0	3,419,561	0	13.00
14.00	DIETARY	10.00	0	116,064	0	14.00
15.00	PATIENT FOOD SERVICE	10.01	0	1,505,993	0	15.00
16.00	CAFETERIA	11.00	0	459,753	0	16.00
17.00	NURSING ADMINISTRATION	13.00	0	1,579,386	0	17.00
18.00	PHARMACY	15.00	0	2,476,707	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	992,482	0	19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	1,601,018	0	20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	474,152	0	21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	42,516	0	22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	389,942	0	23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	559,343	0	24.00
25.00	CLINICAL LAB ADMIN PSYCH	18.04	0	63,684	0	25.00
26.00	CLINICAL LAB ADMIN PATH	18.05	0	1,789	0	26.00
27.00	CLINICAL LAB ADMIN NEUR	18.08	0	129,162	0	27.00
28.00	CLINICAL LAB ADMIN OCLS	18.09	0	194,830	0	28.00
29.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	860,826	0	29.00
30.00	NURSING SCHOOL SPLIT	18.16	0	2,120,177	0	30.00
31.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,114,783	0	31.00
32.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,577,611	0	32.00
33.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	387,979	0	33.00
34.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	53,919	0	34.00
35.00	PARAMED DIETARY	23.02	0	79,054	0	35.00
36.00	PARAMED SPEECH	23.03	0	227,688	0	36.00
37.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	146,705	0	37.00
38.00	PARAMED MEDICAL PHYSICS	23.05	0	3,913	0	38.00
39.00	PARAMED PASTORAL CARE	23.06	0	30,939	0	39.00
40.00	PARAMED TECHNOLOGY	23.07	0	136,659	0	40.00
41.00	PARAMED VASCULAR ULTRASOUND	23.08	0	49,743	0	41.00
42.00	PARAMED RESPIRATORY THERAPY	23.10	0	126,409	0	42.00
43.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	144,581	0	43.00
44.00	ADULTS & PEDIATRICS	30.00	0	11,062,826	0	44.00
45.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,729,086	0	45.00
46.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,506,036	0	46.00
47.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	1,082,041	0	47.00
48.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,313,204	0	48.00
49.00	SUBPROVIDER - IPF	40.00	0	1,617,479	0	49.00
50.00	SUBPROVIDER - IRF	41.00	0	1,112,384	0	50.00
51.00	NURSERY	43.00	0	416,666	0	51.00
52.00	OPERATING ROOM	50.00	0	3,933,655	0	52.00
53.00	RECOVERY ROOM	51.00	0	965,411	0	53.00
54.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,045,851	0	54.00
55.00	ANESTHESIOLOGY	53.00	0	828,425	0	55.00
56.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,907,533	0	56.00
57.00	RADIOLOGY-THERAPEUTIC	55.00	0	760,161	0	57.00
58.00	RADIOISOTOPE	56.00	0	194,334	0	58.00
59.00	LABORATORY	60.00	0	5,266,073	0	59.00
60.00	LABORATORY - HLA	60.01	0	122,160	0	60.00
61.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	489,500	0	61.00
62.00	RESPIRATORY THERAPY	65.00	0	1,131,407	0	62.00
63.00	PHYSICAL THERAPY	66.00	0	860,708	0	63.00
64.00	OCCUPATIONAL THERAPY	67.00	0	571,016	0	64.00
65.00	SPEECH PATHOLOGY	68.00	0	362,342	0	65.00
66.00	ELECTROCARDIOLOGY	69.00	0	649,729	0	66.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
67.00	ELECTROENCEPHALOGRAPHY	70.00	0	222,535	0		67.00
68.00	RENAL DIALYSIS	74.00	0	89,462	0		68.00
69.00	PSYCH DAY HOSPITAL	76.01	0	740,834	0		69.00
70.00	CLINIC	90.00	0	2,556,573	0		70.00
71.00	EMERGENCY	91.00	0	2,235,497	0		71.00
72.00	KIDNEY ACQUISITION	105.00	0	322,590	0		72.00
73.00	HEART ACQUISITION	106.00	0	128,419	0		73.00
74.00	LIVER ACQUISITION	107.00	0	198,993	0		74.00
75.00	PANCREAS ACQUISITION	109.00	0	31,416	0		75.00
76.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	245,932	0		76.00
77.00	FUND RAISING	190.01	0	957,760	0		77.00
78.00	RUSH DAY SCHOOL	190.02	0	363,594	0		78.00
79.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	9,903,557	0		79.00
80.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	22,208,493	0		80.00
81.00	MEDICAL COLLEGE	194.00	0	3,629,564	0		81.00
82.00	AFFIL CORP ARC VENTURES	194.01	0	1,203,974	0		82.00
83.00	AFFIL CORP ROOM 500	194.02	0	184,380	0		83.00
84.00	AFFIL CORP JOINT VENTURES	194.03	0	2,145,508	0		84.00
85.00	CON - GNE	194.04	0	236,572	0		85.00
	TOTALS		0	145,901,360			
	B - DIRECT EDUCATION						
1.00	PHARMACY	15.00	423,878	0	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	2,275	0	0		2.00
3.00	CLINICAL LAB ADMIN PATH	18.05	3,646	0	0		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,149,838	0	0		4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	95,538	0	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	44,262	0	0		6.00
7.00	MEDICAL COLLEGE	194.00	312	0	0		7.00
	TOTALS		5,719,749	0			
	C - PARKING GARAGE RECH #49490						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,275	0		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	1,020	0		2.00
3.00	ADMIN & GEN PT SERVICE	5.07	0	12,726	0		3.00
4.00	PERSONNEL DEPARTMENT	5.08	0	28,135	0		4.00
5.00	RESEARCH FACULTY	5.09	0	7,140	0		5.00
6.00	RESEARCH SPA	5.10	0	2,210	0		6.00
7.00	CORPORATE ADMINISTRATION	5.11	0	17,946	0		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	1,020	0		8.00
9.00	DIETARY	10.00	0	850	0		9.00
10.00	PATIENT FOOD SERVICE	10.01	0	680	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	255	0		11.00
12.00	PHARMACY	15.00	0	1,700	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.01	0	1,600	0		13.00
14.00	CLINICAL LAB ADMIN MED	18.00	0	85	0		14.00
15.00	CLINICAL LAB ADMIN OB	18.02	0	1,105	0		15.00
16.00	CLINICAL LAB ADMIN PATH	18.05	0	255	0		16.00
17.00	CLINICAL LAB ADMIN NEUR	18.08	0	340	0		17.00
18.00	DISCRETIONARY OPERATIONS	18.12	0	48,070	0		18.00
19.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	3,575	0		19.00
20.00	NURSING SCHOOL SPLIT	18.16	0	2,890	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	474,890	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	7,495	0		22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,210	0		23.00
24.00	PARAMED SPEECH	23.03	0	3,910	0		24.00
25.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	255	0		25.00
26.00	PARAMED TECHNOLOGY	23.07	0	1,275	0		26.00
27.00	PARAMED VASCULAR ULTRASOUND	23.08	0	1,105	0		27.00
28.00	PARAMED RESPIRATORY THERAPY	23.10	0	425	0		28.00
29.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	425	0		29.00
30.00	ADULTS & PEDIATRICS	30.00	0	1,955	0		30.00
31.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	365	0		31.00
32.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	170	0		32.00
33.00	SUBPROVIDER - IPF	40.00	0	85	0		33.00
34.00	OPERATING ROOM	50.00	0	255	0		34.00
35.00	ANESTHESIOLOGY	53.00	0	2,125	0		35.00
36.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,280	0		36.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
37.00	RADIOLOGY-THERAPEUTIC	55.00	0	765	0		37.00
38.00	LABORATORY	60.00	0	2,905	0		38.00
39.00	RESPIRATORY THERAPY	65.00	0	765	0		39.00
40.00	SPEECH PATHOLOGY	68.00	0	340	0		40.00
41.00	PSYCH DAY HOSPITAL	76.01	0	21,635	0		41.00
42.00	CLINIC	90.00	0	9,005	0		42.00
43.00	EMERGENCY	91.00	0	85	0		43.00
44.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,255	0		44.00
45.00	FUND RAISING	190.01	0	7,675	0		45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,280	0		46.00
47.00	MEDICAL COLLEGE	194.00	0	20,475	0		47.00
	TOTALS		0	728,287			
	D - REAL ESTATE TAX						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,089,996	0		1.00
	TOTALS		0	1,089,996			
	E - TRIANGLE BLDG HOUSEKEEPING						
1.00	MAINTENANCE & REPAIRS	6.00	0	324,941	0		1.00
	TOTALS		0	324,941			
	F - PROPERTY INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	58,381	9		1.00
2.00	PARKING GARAGE	5.02	0	12,948	0		2.00
3.00	CORPORATE ADMINISTRATION	5.11	0	2,614,356	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	23,423	0		4.00
5.00	CAFETERIA	11.00	0	2,076	0		5.00
6.00	CLINICAL LAB ADMIN PSYCH	18.04	0	2,926	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,786	0		7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,345	0		8.00
9.00	AFFIL CORP JOINT VENTURES	194.03	0	110,518	0		9.00
	TOTALS		0	2,835,759			
	G - CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	749,107	0		1.00
	TOTALS		0	749,107			
	H - PHARMACY						
1.00	PHARMACY	15.00	0	26,364,584	0		1.00
	TOTALS		0	26,364,584			
	I - SPACE RECH #49940						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	75,748	9		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	5,319,211	0		2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	228,991	0		3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	342,220	0		4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	1,211,819	0		5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	5,316,526	0		6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	371,811	0		7.00
8.00	RESEARCH FACULTY	5.09	0	2,001,688	0		8.00
9.00	RESEARCH SPA	5.10	0	395,054	0		9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	6,214,262	0		10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	54,678	0		11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	867,453	0		12.00
13.00	DIETARY	10.00	0	184,947	0		13.00
14.00	PATIENT FOOD SERVICE	10.01	0	1,706,645	0		14.00
15.00	CAFETERIA	11.00	0	1,824,966	0		15.00
16.00	NURSING ADMINISTRATION	13.00	0	850,925	0		16.00
17.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,236,875	0		17.00
18.00	PHARMACY	15.00	0	975,185	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	803,464	0		19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	403,029	0		20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	96,967	0		21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	278,886	0		22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	198,133	0		23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	350,663	0		24.00
25.00	CLINICAL LAB ADMIN PSYCH	18.04	0	10,576	0		25.00
26.00	CLINICAL LAB ADMIN PATH	18.05	0	801,083	0		26.00
27.00	CLINICAL LAB ADMIN CARD	18.06	0	204,961	0		27.00
28.00	CLINICAL LAB ADMIN NEUR	18.08	0	30,291	0		28.00
29.00	CLINICAL LAB ADMIN OCLS	18.09	0	80,131	0		29.00
30.00	DISCRETIONARY OPERATIONS	18.12	0	198,334	0		30.00
31.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	3,167,148	0		31.00
32.00	NURSING SCHOOL SPLIT	18.16	0	544,180	0		32.00
33.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,262,637	0		33.00
34.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	814,998	0		34.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
35.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	143,025	0		35.00
36.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	19,933	0		36.00
37.00	PARAMED DIETARY	23.02	0	12,119	0		37.00
38.00	PARAMED SPEECH	23.03	0	137,252	0		38.00
39.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	71,528	0		39.00
40.00	PARAMED TECHNOLOGY	23.07	0	37,776	0		40.00
41.00	PARAMED VASCULAR ULTRASOUND	23.08	0	12,215	0		41.00
42.00	PARAMED RESPIRATORY THERAPY	23.10	0	68,323	0		42.00
43.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	27,213	0		43.00
44.00	ADULTS & PEDIATRICS	30.00	0	12,548,335	0		44.00
45.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,656,179	0		45.00
46.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,846,724	0		46.00
47.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	484,150	0		47.00
48.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	1,525,239	0		48.00
49.00	SUBPROVIDER - IPF	40.00	0	1,664,983	0		49.00
50.00	SUBPROVIDER - IRF	41.00	0	1,436,946	0		50.00
51.00	NURSERY	43.00	0	270,347	0		51.00
52.00	OPERATING ROOM	50.00	0	11,255,593	0		52.00
53.00	RECOVERY ROOM	51.00	0	2,266,736	0		53.00
54.00	DELIVERY ROOM & LABOR ROOM	52.00	0	906,878	0		54.00
55.00	ANESTHESIOLOGY	53.00	0	1,210,577	0		55.00
56.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,713,957	0		56.00
57.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,440,133	0		57.00
58.00	RADIOISOTOPE	56.00	0	565,756	0		58.00
59.00	LABORATORY	60.00	0	6,039,761	0		59.00
60.00	LABORATORY - HLA	60.01	0	90,302	0		60.00
61.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	569,765	0		61.00
62.00	RESPIRATORY THERAPY	65.00	0	650,020	0		62.00
63.00	PHYSICAL THERAPY	66.00	0	1,026,009	0		63.00
64.00	OCCUPATIONAL THERAPY	67.00	0	631,064	0		64.00
65.00	SPEECH PATHOLOGY	68.00	0	545,995	0		65.00
66.00	ELECTROCARDIOLOGY	69.00	0	995,994	0		66.00
67.00	ELECTROENCEPHALOGRAPHY	70.00	0	228,488	0		67.00
68.00	RENAL DIALYSIS	74.00	0	227,611	0		68.00
69.00	PSYCH DAY HOSPITAL	76.01	0	240,271	0		69.00
70.00	CLINIC	90.00	0	4,676,976	0		70.00
71.00	EMERGENCY	91.00	0	3,696,037	0		71.00
72.00	KIDNEY ACQUISITION	105.00	0	110,667	0		72.00
73.00	LIVER ACQUISITION	107.00	0	34,771	0		73.00
74.00	PANCREAS ACQUISITION	109.00	0	263	0		74.00
75.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,542,845	0		75.00
76.00	FUND RAISING	190.01	0	376,635	0		76.00
77.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,198,106	0		77.00
78.00	MEDICAL COLLEGE	194.00	0	1,040,850	0		78.00
79.00	AFFIL CORP ARC VENTURES	194.01	0	348,372	0		79.00
80.00	AFFIL CORP ROOM 500	194.02	0	1,023,905	0		80.00
	TOTALS		0	118,041,109			
	J - AFFIL CORP OH #45969						
1.00	NURSING SCHOOL SPLIT	18.16	0	5,030,748	0		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,962,740	0		2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	4,327,692	0		3.00
4.00	CLINIC	90.00	0	3,891,144	0		4.00
5.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	14,533,248	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,462,164	0		6.00
7.00	MEDICAL COLLEGE	194.00	0	6,054,132	0		7.00
	TOTALS		0	53,261,868			
	K - NURSE ANESTH						
1.00	ANESTHESIOLOGY	53.00	2,784,898	0	0		1.00
	TOTALS		2,784,898	0			
	L - DATA CENTER						
1.00	CORPORATE ADMINISTRATION	5.11	11,134,066	15,555,672	0		1.00
	TOTALS		11,134,066	15,555,672			

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	M - PASTORAL CARE						
1.00	PARAMED PASTORAL CARE	23.06	134,517	32,358	0		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	466,237	20,589	0		2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	24,396	0		3.00
	TOTALS		600,754	77,343			
	N - MALPRACTICE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,268,297	0		1.00
	TOTALS		0	13,268,297			
	O - DEPRECIATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	95,339,739	9		1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	127,425	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
15.00		0.00	0	0	9		15.00
16.00		0.00	0	0	9		16.00
17.00		0.00	0	0	9		17.00
	TOTALS		0	95,467,164			
	P - INTEREST						
1.00	INTEREST GENERAL	2.01	0	30,684,246	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
	TOTALS		0	30,684,246			
	Q - NURSING SALARY						
1.00	ADULTS & PEDIATRICS	30.00	1,650,163	859,362	0		1.00
	TOTALS		1,650,163	859,362			
	R - PHYSICS RESIDENTS						
1.00	CORPORATE ADMINISTRATION	5.11	10,989	0	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	146,139	0	0		2.00
	TOTALS		157,128	0			
	S - RENAL DIALYSIS SPLIT						
1.00	RENAL DIALYSIS	74.00	0	2,766,679	0		1.00
2.00	CLINIC	90.00	12,980	0	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.01	28,204	0	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	132,267	0	0		4.00
	TOTALS		173,451	2,766,679			
	T - NON-RESEARCH						
1.00	DISCRETIONARY OPERATIONS	18.12	7,167,048	4,081,445	0		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	4,100	0		2.00
3.00	CLINICAL LAB ADMIN PSYCH	18.04	9,345	0	0		3.00
4.00	MEDICAL COLLEGE	194.00	0	26,879	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

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
	TOTALS		7,176,393	4,112,424		
	U - HSM TEACHING					
1.00	RESEARCH ADMINISTRATION	5.03	28,268	0	0	1.00
2.00	ADMIN & GEN PT SERVICE	5.07	66,174	0	0	2.00
3.00	PERSONNEL DEPARTMENT	5.08	27,151	0	0	3.00
4.00	RESEARCH FACULTY	5.09	23,411	0	0	4.00
5.00	RESEARCH SPA	5.10	1,163	0	0	5.00
6.00	CORPORATE ADMINISTRATION	5.11	343,236	0	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	15,328	0	0	7.00
8.00	NURSING ADMINISTRATION	13.00	148,500	0	0	8.00
9.00	CLINICAL LAB ADMIN MED	18.00	2,166	0	0	9.00
10.00	CLINICAL LAB ADMIN SURG	18.03	20,551	0	0	10.00
11.00	NURSING SCHOOL SPLIT	18.16	10,674	0	0	11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,163	0	0	12.00
13.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	14,752	0	0	13.00
14.00	MEDICAL INTENSIVE CARE UNIT	35.00	7,334	0	0	14.00
15.00	LABORATORY	60.00	3,178	0	0	15.00
16.00	PSYCH DAY HOSPITAL	76.01	6,917	0	0	16.00
17.00	CLINIC	90.00	7,732	0	0	17.00
18.00	EMERGENCY	91.00	25,142	0	0	18.00
19.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	10,104	0	0	19.00
20.00	PHYSICIANS' PRIVATE OFFICES	192.00	87,970	0	0	20.00
21.00	MEDICAL COLLEGE	194.00	5,132	0	0	21.00
	TOTALS		856,046	0		
	V - TUITION ASSISTANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,823,848	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	3,823,848		
	W - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	827,130	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
7.00		0.00	0	0	9	7.00
8.00		0.00	0	0	9	8.00
9.00		0.00	0	0	9	9.00
10.00		0.00	0	0	9	10.00
11.00		0.00	0	0	9	11.00
12.00		0.00	0	0	9	12.00
13.00		0.00	0	0	9	13.00
14.00		0.00	0	0	9	14.00
15.00		0.00	0	0	9	15.00
	TOTALS		0	827,130		
	X - IMPLANT DIRECT COST					
1.00	EMERGENCY	91.00	0	491	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	24,546	0	2.00
3.00	OPERATING ROOM	50.00	0	43,234,911	0	3.00
4.00	OPERATING ROOM	50.00	0	920,560	0	4.00
5.00	OPERATING ROOM	50.00	0	2,212,899	0	5.00
6.00	SPEECH PATHOLOGY	68.00	0	14,839	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	584,682	0	7.00
8.00	LABORATORY	60.00	0	629,970	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	4,690,970	0	9.00
10.00	LABORATORY	60.00	0	160,953	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	254,736	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4	0	12.00
13.00	CLINIC	90.00	0	391	0	13.00
14.00	CLINIC	90.00	0	18	0	14.00
15.00	CLINIC	90.00	0	208	0	15.00
	TOTALS		0	52,730,178		

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	Y - PHARMACY RESIDENTS					
1.00	PHARMACY	15.00	544,508	18,491	0	1.00
	TOTALS		544,508	18,491		
	Z - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	2,610,780	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
	TOTALS		0	2,610,780		
500.00	Grand Total: Decreases		30,797,156	572,098,625		500.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - AFFIL CORP FRINGES #45960						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	TRANSITION RECRUITMENT	5.01	0	1.00
2.00		0.00	0	RESEARCH ADMINISTRATION	5.03	0	2.00
3.00		0.00	0	ADMIN & GEN INPT SERVICE	5.04	0	3.00
4.00		0.00	0	ADMIN & GEN OUTPT SERVICE	5.05	0	4.00
5.00		0.00	0	ADMIN & GEN ANIMAL LAB	5.06	0	5.00
6.00		0.00	0	ADMIN & GEN PT SERVICE	5.07	0	6.00
7.00		0.00	0	PERSONNEL DEPARTMENT	5.08	0	7.00
8.00		0.00	0	RESEARCH FACULTY	5.09	0	8.00
9.00		0.00	0	RESEARCH SPA	5.10	0	9.00
10.00		0.00	0	CORPORATE ADMINISTRATION	5.11	0	10.00
11.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0	11.00
12.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0	12.00
13.00		0.00	0	HOUSEKEEPING	9.00	0	13.00
14.00		0.00	0	DIETARY	10.00	0	14.00
15.00		0.00	0	PATIENT FOOD SERVICE	10.01	0	15.00
16.00		0.00	0	CAFETERIA	11.00	0	16.00
17.00		0.00	0	NURSING ADMINISTRATION	13.00	0	17.00
18.00		0.00	0	PHARMACY	15.00	0	18.00
19.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	19.00
20.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.01	0	20.00
21.00		0.00	0	CLINICAL LAB ADMIN MED	18.00	0	21.00
22.00		0.00	0	CLINICAL LAB ADMIN PED	18.01	0	22.00
23.00		0.00	0	CLINICAL LAB ADMIN OB	18.02	0	23.00
24.00		0.00	0	CLINICAL LAB ADMIN SURG	18.03	0	24.00
25.00		0.00	0	CLINICAL LAB ADMIN PSYCH	18.04	0	25.00
26.00		0.00	0	CLINICAL LAB ADMIN PATH	18.05	0	26.00
27.00		0.00	0	CLINICAL LAB ADMIN NEUR	18.08	0	27.00
28.00		0.00	0	CLINICAL LAB ADMIN OCLS	18.09	0	28.00
29.00		0.00	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	29.00
30.00		0.00	0	NURSING SCHOOL SPLIT	18.16	0	30.00
31.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	31.00
32.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	32.00
33.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	33.00
34.00		0.00	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	34.00
35.00		0.00	0	PARAMED DIETARY	23.02	0	35.00
36.00		0.00	0	PARAMED SPEECH	23.03	0	36.00
37.00		0.00	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	37.00
38.00		0.00	0	PARAMED MEDICAL PHYSICS	23.05	0	38.00
39.00		0.00	0	PARAMED PASTORAL CARE	23.06	0	39.00
40.00		0.00	0	PARAMED TECHNOLOGY	23.07	0	40.00
41.00		0.00	0	PARAMED VASCULAR ULTRASOUND	23.08	0	41.00
42.00		0.00	0	PARAMED RESPIRATORY THERAPY	23.10	0	42.00
43.00		0.00	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	43.00
44.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	44.00
45.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	45.00
46.00		0.00	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	46.00
47.00		0.00	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	47.00
48.00		0.00	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	48.00
49.00		0.00	0	SUBPROVIDER - IPF	40.00	0	49.00
50.00		0.00	0	SUBPROVIDER - IRF	41.00	0	50.00
51.00		0.00	0	NURSERY	43.00	0	51.00
52.00		0.00	0	OPERATING ROOM	50.00	0	52.00
53.00		0.00	0	RECOVERY ROOM	51.00	0	53.00
54.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	54.00
55.00		0.00	0	ANESTHESIOLOGY	53.00	0	55.00
56.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	56.00
57.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	57.00
58.00		0.00	0	RADIOISOTOPE	56.00	0	58.00
59.00		0.00	0	LABORATORY	60.00	0	59.00
60.00		0.00	0	LABORATORY - HLA	60.01	0	60.00
61.00		0.00	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	61.00
62.00		0.00	0	RESPIRATORY THERAPY	65.00	0	62.00
63.00		0.00	0	PHYSICAL THERAPY	66.00	0	63.00
64.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	64.00
65.00		0.00	0	SPEECH PATHOLOGY	68.00	0	65.00
66.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	66.00

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
67.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	67.00
68.00		0.00	0	RENAL DIALYSIS	74.00	0	68.00
69.00		0.00	0	PSYCH DAY HOSPITAL	76.01	0	69.00
70.00		0.00	0	CLINIC	90.00	0	70.00
71.00		0.00	0	EMERGENCY	91.00	0	71.00
72.00		0.00	0	KIDNEY ACQUISITION	105.00	0	72.00
73.00		0.00	0	HEART ACQUISITION	106.00	0	73.00
74.00		0.00	0	LIVER ACQUISITION	107.00	0	74.00
75.00		0.00	0	PANCREAS ACQUISITION	109.00	0	75.00
76.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	76.00
77.00		0.00	0	FUND RAISING	190.01	0	77.00
78.00		0.00	0	RUSH DAY SCHOOL	190.02	0	78.00
79.00		0.00	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	79.00
80.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	80.00
81.00		0.00	0	MEDICAL COLLEGE	194.00	0	81.00
82.00		0.00	0	AFFIL CORP ARC VENTURES	194.01	0	82.00
83.00		0.00	0	AFFIL CORP ROOM 500	194.02	0	83.00
84.00		0.00	0	AFFIL CORP JOINT VENTURES	194.03	0	84.00
85.00		0.00	0	CON - GNE	194.04	0	85.00
	TOTALS		0	TOTALS		0	
	B - DIRECT EDUCATION						
1.00	CORPORATE ADMINISTRATION	5.11	1,800	PHARMACY	15.00	423,878	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,715,289	MEDICAL RECORDS & LIBRARY	16.00	2,275	2.00
3.00	MEDICAL INTENSIVE CARE UNIT	35.00	2,660	CLINICAL LAB ADMIN PATH	18.05	3,646	3.00
4.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,149,838	4.00
5.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	95,538	5.00
6.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	44,262	6.00
7.00		0.00	0	MEDICAL COLLEGE	194.00	312	7.00
	TOTALS		5,719,749	TOTALS		5,719,749	
	C - PARKING GARAGE RECH #49490						
1.00	PARKING GARAGE	5.02	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00		0.00	0	RESEARCH ADMINISTRATION	5.03	0	2.00
3.00		0.00	0	ADMIN & GEN PT SERVICE	5.07	0	3.00
4.00		0.00	0	PERSONNEL DEPARTMENT	5.08	0	4.00
5.00		0.00	0	RESEARCH FACULTY	5.09	0	5.00
6.00		0.00	0	RESEARCH SPA	5.10	0	6.00
7.00		0.00	0	CORPORATE ADMINISTRATION	5.11	0	7.00
8.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00		0.00	0	DIETARY	10.00	0	9.00
10.00		0.00	0	PATIENT FOOD SERVICE	10.01	0	10.00
11.00		0.00	0	NURSING ADMINISTRATION	13.00	0	11.00
12.00		0.00	0	PHARMACY	15.00	0	12.00
13.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.01	0	13.00
14.00		0.00	0	CLINICAL LAB ADMIN MED	18.00	0	14.00
15.00		0.00	0	CLINICAL LAB ADMIN OB	18.02	0	15.00
16.00		0.00	0	CLINICAL LAB ADMIN PATH	18.05	0	16.00
17.00		0.00	0	CLINICAL LAB ADMIN NEUR	18.08	0	17.00
18.00		0.00	0	DISCRETIONARY OPERATIONS	18.12	0	18.00
19.00		0.00	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	19.00
20.00		0.00	0	NURSING SCHOOL SPLIT	18.16	0	20.00
21.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	21.00
22.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	22.00
23.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	23.00
24.00		0.00	0	PARAMED SPEECH	23.03	0	24.00
25.00		0.00	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	25.00
26.00		0.00	0	PARAMED TECHNOLOGY	23.07	0	26.00
27.00		0.00	0	PARAMED VASCULAR ULTRASOUND	23.08	0	27.00
28.00		0.00	0	PARAMED RESPIRATORY THERAPY	23.10	0	28.00
29.00		0.00	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	29.00
30.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	30.00
31.00		0.00	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	31.00
32.00		0.00	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	32.00
33.00		0.00	0	SUBPROVIDER - IPF	40.00	0	33.00
34.00		0.00	0	OPERATING ROOM	50.00	0	34.00
35.00		0.00	0	ANESTHESIOLOGY	53.00	0	35.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
36.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	36.00
37.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	37.00
38.00		0.00	0	LABORATORY	60.00	0	38.00
39.00		0.00	0	RESPIRATORY THERAPY	65.00	0	39.00
40.00		0.00	0	SPEECH PATHOLOGY	68.00	0	40.00
41.00		0.00	0	PSYCH DAY HOSPITAL	76.01	0	41.00
42.00		0.00	0	CLINIC	90.00	0	42.00
43.00		0.00	0	EMERGENCY	91.00	0	43.00
44.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	44.00
45.00		0.00	0	FUND RAISING	190.01	0	45.00
46.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	46.00
47.00		0.00	0	MEDICAL COLLEGE	194.00	0	47.00
	TOTALS		0	TOTALS		0	
	D - REAL ESTATE TAX						
1.00	MAINTENANCE & REPAIRS	6.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1.00
	TOTALS		0	TOTALS		0	
	E - TRIANGLE BLDG HOUSEKEEPING						
1.00	HOUSEKEEPING	9.00	0	MAINTENANCE & REPAIRS	6.00	0	1.00
	TOTALS		0	TOTALS		0	
	F - PROPERTY INSURANCE						
1.00	DEPRECIATION EQUIPMENT	1.13	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00		0.00	0	PARKING GARAGE	5.02	0	2.00
3.00		0.00	0	CORPORATE ADMINISTRATION	5.11	0	3.00
4.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0	4.00
5.00		0.00	0	CAFETERIA	11.00	0	5.00
6.00		0.00	0	CLINICAL LAB ADMIN PSYCH	18.04	0	6.00
7.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	7.00
8.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	8.00
9.00		0.00	0	AFFIL CORP JOINT VENTURES	194.03	0	9.00
	TOTALS		0	TOTALS		0	
	G - CENTRAL SUPPLY						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
	TOTALS		0	TOTALS		0	
	H - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0	1.00
	TOTALS		0	TOTALS		0	
	I - SPACE RECH #49940						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00		0.00	0	RESEARCH ADMINISTRATION	5.03	0	2.00
3.00		0.00	0	ADMIN & GEN INPT SERVICE	5.04	0	3.00
4.00		0.00	0	ADMIN & GEN OUTPT SERVICE	5.05	0	4.00
5.00		0.00	0	ADMIN & GEN ANIMAL LAB	5.06	0	5.00
6.00		0.00	0	ADMIN & GEN PT SERVICE	5.07	0	6.00
7.00		0.00	0	PERSONNEL DEPARTMENT	5.08	0	7.00
8.00		0.00	0	RESEARCH FACULTY	5.09	0	8.00
9.00		0.00	0	RESEARCH SPA	5.10	0	9.00
10.00		0.00	0	CORPORATE ADMINISTRATION	5.11	0	10.00
11.00		0.00	0	MAINTENANCE & REPAIRS	6.00	0	11.00
12.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0	12.00
13.00		0.00	0	DIETARY	10.00	0	13.00
14.00		0.00	0	PATIENT FOOD SERVICE	10.01	0	14.00
15.00		0.00	0	CAFETERIA	11.00	0	15.00
16.00		0.00	0	NURSING ADMINISTRATION	13.00	0	16.00
17.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	17.00
18.00		0.00	0	PHARMACY	15.00	0	18.00
19.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	19.00
20.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.01	0	20.00
21.00		0.00	0	CLINICAL LAB ADMIN MED	18.00	0	21.00
22.00		0.00	0	CLINICAL LAB ADMIN PED	18.01	0	22.00
23.00		0.00	0	CLINICAL LAB ADMIN OB	18.02	0	23.00
24.00		0.00	0	CLINICAL LAB ADMIN SURG	18.03	0	24.00
25.00		0.00	0	CLINICAL LAB ADMIN PSYCH	18.04	0	25.00
26.00		0.00	0	CLINICAL LAB ADMIN PATH	18.05	0	26.00
27.00		0.00	0	CLINICAL LAB ADMIN CARD	18.06	0	27.00
28.00		0.00	0	CLINICAL LAB ADMIN NEUR	18.08	0	28.00
29.00		0.00	0	CLINICAL LAB ADMIN OCLS	18.09	0	29.00
30.00		0.00	0	DISCRETIONARY OPERATIONS	18.12	0	30.00
31.00		0.00	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	31.00
32.00		0.00	0	NURSING SCHOOL SPLIT	18.16	0	32.00
33.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
34.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.00
35.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	35.00
36.00		0.00	0	PARAMED MEDICAL PERFUSION TECH	23.01	0	36.00
37.00		0.00	0	PARAMED DIETARY	23.02	0	37.00
38.00		0.00	0	PARAMED SPEECH	23.03	0	38.00
39.00		0.00	0	PARAMED OCCUPATIONAL THERAPY	23.04	0	39.00
40.00		0.00	0	PARAMED TECHNOLOGY	23.07	0	40.00
41.00		0.00	0	PARAMED VASCULAR ULTRASOUND	23.08	0	41.00
42.00		0.00	0	PARAMED RESPIRATORY THERAPY	23.10	0	42.00
43.00		0.00	0	PARAMED PHYSICIANS ASSISTANT	23.11	0	43.00
44.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	44.00
45.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	45.00
46.00		0.00	0	MEDICAL INTENSIVE CARE UNIT	35.00	0	46.00
47.00		0.00	0	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	47.00
48.00		0.00	0	PREMATURE INTENSIVE CARE UNIT	35.02	0	48.00
49.00		0.00	0	SUBPROVIDER - IPF	40.00	0	49.00
50.00		0.00	0	SUBPROVIDER - IRF	41.00	0	50.00
51.00		0.00	0	NURSERY	43.00	0	51.00
52.00		0.00	0	OPERATING ROOM	50.00	0	52.00
53.00		0.00	0	RECOVERY ROOM	51.00	0	53.00
54.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	54.00
55.00		0.00	0	ANESTHESIOLOGY	53.00	0	55.00
56.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	56.00
57.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	57.00
58.00		0.00	0	RADIOISOTOPE	56.00	0	58.00
59.00		0.00	0	LABORATORY	60.00	0	59.00
60.00		0.00	0	LABORATORY - HLA	60.01	0	60.00
61.00		0.00	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	61.00
62.00		0.00	0	RESPIRATORY THERAPY	65.00	0	62.00
63.00		0.00	0	PHYSICAL THERAPY	66.00	0	63.00
64.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	64.00
65.00		0.00	0	SPEECH PATHOLOGY	68.00	0	65.00
66.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	66.00
67.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	67.00
68.00		0.00	0	RENAL DIALYSIS	74.00	0	68.00
69.00		0.00	0	PSYCH DAY HOSPITAL	76.01	0	69.00
70.00		0.00	0	CLINIC	90.00	0	70.00
71.00		0.00	0	EMERGENCY	91.00	0	71.00
72.00		0.00	0	KIDNEY ACQUISITION	105.00	0	72.00
73.00		0.00	0	LIVER ACQUISITION	107.00	0	73.00
74.00		0.00	0	PANCREAS ACQUISITION	109.00	0	74.00
75.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	75.00
76.00		0.00	0	FUND RAISING	190.01	0	76.00
77.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	77.00
78.00		0.00	0	MEDICAL COLLEGE	194.00	0	78.00
79.00		0.00	0	AFFIL CORP ARC VENTURES	194.01	0	79.00
80.00		0.00	0	AFFIL CORP ROOM 500	194.02	0	80.00
	TOTALS		0	TOTALS		0	
	J - AFFIL CORP OH #45969						
1.00	CORPORATE ADMINISTRATION	5.11	0	NURSING SCHOOL SPLIT	18.16	0	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2.00
3.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3.00
4.00		0.00	0	CLINIC	90.00	0	4.00
5.00		0.00	0	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	5.00
6.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	6.00
7.00		0.00	0	MEDICAL COLLEGE	194.00	0	7.00
	TOTALS		0	TOTALS		0	
	K - NURSE ANESTH						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	2,784,898	ANESTHESIOLOGY	53.00	2,784,898	1.00
	TOTALS		2,784,898	TOTALS		2,784,898	
	L - DATA CENTER						
1.00	ADMIN & GEN PT SERVICE	5.07	11,134,066	CORPORATE ADMINISTRATION	5.11	11,134,066	1.00
	TOTALS		11,134,066	TOTALS		11,134,066	

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	M - PASTORAL CARE						
1.00	PARAMED PASTORAL CARE	23.06	466,237	PARAMED PASTORAL CARE	23.06	134,517	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	134,517	ADMIN & GEN PT SERVICE	5.07	466,237	2.00
3.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3.00
	TOTALS		600,754	TOTALS		600,754	
	N - MALPRACTICE						
1.00	CORPORATE ADMINISTRATION	5.11	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1.00
	TOTALS		0	TOTALS		0	
	O - DEPRECIATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	DEPRECIATION OLD HOSPITAL	1.01	0	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0		0.00	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0		0.00	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0		0.00	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0		0.00	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0		0.00	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0		0.00	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0		0.00	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0		0.00	0	10.00
11.00	DEPRECIATION JRB	1.11	0		0.00	0	11.00
12.00	DEPRECIATION TOB	1.12	0		0.00	0	12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0		0.00	0	13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0		0.00	0	14.00
15.00	DEPRECIATION KIDSTON	1.15	0		0.00	0	15.00
16.00	DEPRECIATION COHN	1.16	0		0.00	0	16.00
17.00	DEPRECIATION TOWER	1.17	0		0.00	0	17.00
	TOTALS		0	TOTALS		0	
	P - INTEREST						
1.00	INTEREST GENERAL	2.01	0	INTEREST GENERAL	2.01	0	1.00
2.00	INTEREST DIRECT BLDG	2.02	0		0.00	0	2.00
3.00	INTEREST ATRUM PAV	2.03	0		0.00	0	3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0		0.00	0	4.00
5.00	INTEREST TOB	2.05	0		0.00	0	5.00
6.00	INTEREST PRO BLDG III	2.06	0		0.00	0	6.00
7.00	INTEREST TOWER	2.07	0		0.00	0	7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0		0.00	0	8.00
	TOTALS		0	TOTALS		0	
	Q - NURSING SALARY						
1.00	NURSERY	43.00	1,650,163	ADULTS & PEDIATRICS	30.00	1,650,163	1.00
	TOTALS		1,650,163	TOTALS		1,650,163	
	R - PHYSICS RESIDENTS						
1.00	PARAMED MEDICAL PHYSICS	23.05	157,128	CORPORATE ADMINISTRATION	5.11	10,989	1.00
2.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	146,139	2.00
	TOTALS		157,128	TOTALS		157,128	
	S - RENAL DIALYSIS SPLIT						
1.00	RENAL DIALYSIS I/P	76.00	0	RENAL DIALYSIS	74.00	0	1.00
2.00	RENAL DIALYSIS	74.00	173,451	CLINIC	90.00	12,980	2.00
3.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.01	28,204	3.00
4.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	132,267	4.00
	TOTALS		173,451	TOTALS		173,451	
	T - NON-RESEARCH						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	DISCRETIONARY OPERATIONS	18.12	7,167,048	1.00
2.00	ADMIN & GEN PT SERVICE	5.07	115,045	RESEARCH ADMINISTRATION	5.03	0	2.00
3.00	CORPORATE ADMINISTRATION	5.11	57,094	CLINICAL LAB ADMIN PSYCH	18.04	9,345	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.01	0	MEDICAL COLLEGE	194.00	0	4.00
5.00	CLINICAL LAB ADMIN PED	18.01	40,134		0.00	0	5.00
6.00	CLINICAL LAB ADMIN OB	18.02	151,749		0.00	0	6.00
7.00	CLINICAL LAB ADMIN SURG	18.03	233,730		0.00	0	7.00
8.00	CLINICAL LAB ADMIN PSYCH	18.04	0		0.00	0	8.00
9.00	CLINICAL LAB ADMIN PATH	18.05	8,395		0.00	0	9.00
10.00	CLINICAL LAB ADMIN CARD	18.06	86,933		0.00	0	10.00
11.00	CLINICAL LAB ADMIN HEMAT	18.07	0		0.00	0	11.00
12.00	CLINICAL LAB ADMIN NEUR	18.08	581,250		0.00	0	12.00
13.00	DISCRETIONARY OPERATIONS	18.12	3,688,816		0.00	0	13.00
14.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	396,149		0.00	0	14.00
15.00	NURSING SCHOOL SPLIT	18.16	42,135		0.00	0	15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	488,797		0.00	0	16.00
17.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,000		0.00	0	17.00
18.00	PARAMED RESPIRATORY THERAPY	23.10	0		0.00	0	18.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
19.00	ADULTS & PEDIATRICS	30.00	15,522		0.00	0	19.00
20.00	PREMATURE INTENSIVE CARE UNIT	35.02	7,204		0.00	0	20.00
21.00	ANESTHESIOLOGY	53.00	0		0.00	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0		0.00	0	22.00
23.00	LABORATORY	60.00	1,035,371		0.00	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0		0.00	0	24.00
25.00	PHYSICAL THERAPY	66.00	0		0.00	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	110,571		0.00	0	26.00
27.00	RENAL DIALYSIS	74.00	0		0.00	0	27.00
28.00	PSYCH DAY HOSPITAL	76.01	49,203		0.00	0	28.00
29.00	EMERGENCY	91.00	450		0.00	0	29.00
30.00	FUND RAISING	190.01	66,845		0.00	0	30.00
	TOTALS		7,176,393	TOTALS		7,176,393	
	U - HSM TEACHING						
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	856,046	RESEARCH ADMINISTRATION	5.03	28,268	1.00
2.00		0.00	0	ADMIN & GEN PT SERVICE	5.07	66,174	2.00
3.00		0.00	0	PERSONNEL DEPARTMENT	5.08	27,151	3.00
4.00		0.00	0	RESEARCH FACULTY	5.09	23,411	4.00
5.00		0.00	0	RESEARCH SPA	5.10	1,163	5.00
6.00		0.00	0	CORPORATE ADMINISTRATION	5.11	343,236	6.00
7.00		0.00	0	MAINTENANCE & REPAIRS	6.00	15,328	7.00
8.00		0.00	0	NURSING ADMINISTRATION	13.00	148,500	8.00
9.00		0.00	0	CLINICAL LAB ADMIN MED	18.00	2,166	9.00
10.00		0.00	0	CLINICAL LAB ADMIN SURG	18.03	20,551	10.00
11.00		0.00	0	NURSING SCHOOL SPLIT	18.16	10,674	11.00
12.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,163	12.00
13.00		0.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	14,752	13.00
14.00		0.00	0	MEDICAL INTENSIVE CARE UNIT	35.00	7,334	14.00
15.00		0.00	0	LABORATORY	60.00	3,178	15.00
16.00		0.00	0	PSYCH DAY HOSPITAL	76.01	6,917	16.00
17.00		0.00	0	CLINIC	90.00	7,732	17.00
18.00		0.00	0	EMERGENCY	91.00	25,142	18.00
19.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	10,104	19.00
20.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	87,970	20.00
21.00		0.00	0	MEDICAL COLLEGE	194.00	5,132	21.00
	TOTALS		856,046	TOTALS		856,046	
	V - TUITION ASSISTANCE						
1.00	NURSING SCHOOL	20.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
	W - ACCREATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	DEPRECIATION OLD HOSPITAL	1.01	0	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0		0.00	0	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0		0.00	0	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0		0.00	0	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0		0.00	0	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0		0.00	0	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0		0.00	0	7.00
8.00	DEPRECIATION WOOD ST	1.08	0		0.00	0	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0		0.00	0	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0		0.00	0	10.00
11.00	DEPRECIATION JRB	1.11	0		0.00	0	11.00
12.00	DEPRECIATION TOB	1.12	0		0.00	0	12.00
13.00	DEPRECIATION KIDSTON	1.15	0		0.00	0	13.00
14.00	DEPRECIATION COHN	1.16	0		0.00	0	14.00
15.00	DEPRECIATION TOWER	1.17	0		0.00	0	15.00
	TOTALS		0	TOTALS		0	
	X - IMPLANT DIRECT COST						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	EMERGENCY	91.00	0	1.00
2.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	2.00
3.00		0.00	0	OPERATING ROOM	50.00	0	3.00
4.00		0.00	0	OPERATING ROOM	50.00	0	4.00
5.00		0.00	0	OPERATING ROOM	50.00	0	5.00
6.00		0.00	0	SPEECH PATHOLOGY	68.00	0	6.00
7.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	7.00
8.00		0.00	0	LABORATORY	60.00	0	8.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/21/2014 10:45 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
9.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	9.00
10.00		0.00	0	LABORATORY	60.00	0	10.00
11.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	12.00
13.00		0.00	0	CLINIC	90.00	0	13.00
14.00		0.00	0	CLINIC	90.00	0	14.00
15.00		0.00	0	CLINIC	90.00	0	15.00
	TOTALS		0	TOTALS		0	
	Y - PHARMACY RESIDENTS						
1.00	PARAMED PHARMACY	23.09	544,508	PHARMACY	15.00	544,508	1.00
	TOTALS		544,508	TOTALS		544,508	
	Z - DEANS OFFICE						
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0		0.00	0	2.00
3.00	PARAMED DIETARY	23.02	0		0.00	0	3.00
4.00	PARAMED TECHNOLOGY	23.07	0		0.00	0	4.00
5.00	PARAMED SPEECH	23.03	0		0.00	0	5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0		0.00	0	6.00
7.00	PARAMED MEDICAL PHYSICS	23.05	0		0.00	0	7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0		0.00	0	8.00
9.00	PARAMED VASCULAR ULTRASOUND	23.08	0		0.00	0	9.00
10.00	PARAMED PHYSICIANS ASSISTANT	23.11	0		0.00	0	10.00
11.00	PARAMED RESPIRATORY THERAPY	23.10	0		0.00	0	11.00
12.00	MEDICAL COLLEGE	194.00	0		0.00	0	12.00
13.00	MEDICAL COLLEGE	194.00	0		0.00	0	13.00
14.00	MEDICAL COLLEGE	194.00	0		0.00	0	14.00
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		30,797,156	Grand Total: Decreases		30,797,156	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part I Date/Time Prepared: 11/21/2014 10:45 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,190,156	407,720	0	407,720	100,000	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,652,899,347	58,366,210	0	58,366,210	12,705,967	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	33,141,746	74,816,093	0	74,816,093	87,174,429	5.00
6.00	Movable Equipment	368,917,496	87,925,726	0	87,925,726	8,367,915	6.00
7.00	HIT designated Assets	67,262,646	1,247,859	0	1,247,859	50,737,204	7.00
8.00	Subtotal (sum of lines 1-7)	2,139,411,391	222,763,608	0	222,763,608	159,085,515	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,139,411,391	222,763,608	0	222,763,608	159,085,515	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	17,497,876	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	1,698,559,590	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	20,783,410	0	5.00
6.00	Movable Equipment	448,475,307	0	6.00
7.00	HIT designated Assets	17,773,301	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,203,089,484	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,203,089,484	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part II Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	-21,916,662	0	0	0	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	30,684,246	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	-21,916,662	0	30,684,246	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	-21,916,662	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	1.10
1.11	DEPRECIATION JRB	0	0	1.11
1.12	DEPRECIATION TOB	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	1.15
1.16	DEPRECIATION COHN	0	0	1.16
1.17	DEPRECIATION TOWER	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	INTEREST GENERAL	0	30,684,246	2.01
2.02	INTEREST DIRECT BLDG	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	2.04
2.05	INTEREST TOB	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	2.06
2.07	INTEREST TOWER	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	2.08
3.00	Total (sum of lines 1-2)	0	8,767,584	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part III Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	55,822,496	0	55,822,496	0.025541	0	1.01
1.02	DEPRECIATION DIRECT BLDG	378,335,599	0	378,335,599	0.173104	0	1.02
1.03	DEPRECIATION KELLOGG PAV	101,808,974	0	101,808,974	0.046582	0	1.03
1.04	DEPRECIATION JELKE SOUTH	105,380,230	0	105,380,230	0.048216	0	1.04
1.05	DEPRECIATION ATRIUM PAV	177,394,164	0	177,394,164	0.081165	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	41,129,787	0	41,129,787	0.018819	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	33,653,029	0	33,653,029	0.015398	0	1.07
1.08	DEPRECIATION WOOD ST	6,022,243	0	6,022,243	0.002755	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	74,445,139	0	74,445,139	0.034062	0	1.09
1.10	DEPRECIATION PRO BLDG III	52,259,530	0	52,259,530	0.023911	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0.000000	0	1.11
1.12	DEPRECIATION TOB	33,739,577	0	33,739,577	0.015437	0	1.12
1.13	DEPRECIATION EQUIPMENT	451,956,776	0	451,956,776	0.206789	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	35,779,508	0	35,779,508	0.016371	0	1.14
1.15	DEPRECIATION KIDSTON	4,923,277	0	4,923,277	0.002253	0	1.15
1.16	DEPRECIATION COHN	65,989,944	0	65,989,944	0.030193	0	1.16
1.17	DEPRECIATION TOWER	566,951,335	0	566,951,335	0.259404	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	INTEREST GENERAL	0	0	0	0.000000	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0.000000	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0.000000	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0.000000	0	2.04
2.05	INTEREST TOB	0	0	0	0.000000	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0.000000	0	2.06
2.07	INTEREST TOWER	0	0	0	0.000000	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0.000000	0	2.08
3.00	Total (sum of lines 1-2)	2,185,591,608	0	2,185,591,608	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	2,024,731	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	8,184,631	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	3,437,689	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	3,383,583	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	4,351,945	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	1,674,854	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,446,946	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	342,797	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	1,345,859	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	1,222,657	0	1.10
1.11	DEPRECIATION JRB	0	0	0	1,239,076	0	1.11
1.12	DEPRECIATION TOB	0	0	0	1,017,643	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	47,556,284	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	1,121,611	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	51,844	0	1.15
1.16	DEPRECIATION COHN	0	0	0	1,515,554	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	18,362,455	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	0	0	0	98,280,159	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part III Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	0	2,024,731	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	8,184,631	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	3,437,689	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	3,383,583	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	4,351,945	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	1,674,854	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	1,446,946	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	342,797	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	1,345,859	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	1,222,657	1.10
1.11	DEPRECIATION JRB	0	0	0	0	1,239,076	1.11
1.12	DEPRECIATION TOB	0	0	0	0	1,017,643	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	47,556,284	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	1,121,611	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	51,844	1.15
1.16	DEPRECIATION COHN	0	0	0	0	1,515,554	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	18,362,455	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	1,779,862	0	0	0	1,779,862	2.01
2.02	INTEREST DIRECT BLDG	800,118	0	0	0	800,118	2.02
2.03	INTEREST ATRUM PAV	2,662,121	0	0	0	2,662,121	2.03
2.04	INTEREST PRO BLDG SOUTH	425,525	0	0	0	425,525	2.04
2.05	INTEREST TOB	639,262	0	0	0	639,262	2.05
2.06	INTEREST PRO BLDG III	9,147	0	0	0	9,147	2.06
2.07	INTEREST TOWER	9,212,369	0	0	0	9,212,369	2.07
2.08	INTEREST PRO BLDG NORTH	46,164	0	0	0	46,164	2.08
3.00	Total (sum of lines 1-2)	15,574,568	0	0	0	113,854,727	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - DEPRECIATION OLD HOSPITAL (chapter 2)		0	DEPRECIATION OLD HOSPITAL	1.01	0	1.01
1.02	Investment income - DEPRECIATION DIRECT BLDG (chapter 2)		0	DEPRECIATION DIRECT BLDG	1.02	0	1.02
1.03	Investment income - DEPRECIATION KELLOGG PAV (chapter 2)		0	DEPRECIATION KELLOGG PAV	1.03	0	1.03
1.04	Investment income - DEPRECIATION JELKE SOUTH (chapter 2)		0	DEPRECIATION JELKE SOUTH	1.04	0	1.04
1.05	Investment income - DEPRECIATION ATRIUM PAV (chapter 2)		0	DEPRECIATION ATRIUM PAV	1.05	0	1.05
1.06	Investment income - DEPRECIATION PRO BLDG NORTH (chapter 2)		0	DEPRECIATION PRO BLDG NORTH	1.06	0	1.06
1.07	Investment income - DEPRECIATION PRO BLDG SOUTH (chapter 2)		0	DEPRECIATION PRO BLDG SOUTH	1.07	0	1.07
1.08	Investment income - DEPRECIATION WOOD ST (chapter 2)		0	DEPRECIATION WOOD ST	1.08	0	1.08
1.09	Investment income - DEPRECIATION ACADEMIC FACILITY (chapter 2)		0	DEPRECIATION ACADEMIC FACILITY	1.09	0	1.09
1.10	Investment income - DEPRECIATION PRO BLDG III (chapter 2)		0	DEPRECIATION PRO BLDG III	1.10	0	1.10
1.11	Investment income - DEPRECIATION JRB (chapter 2)		0	DEPRECIATION JRB	1.11	0	1.11
1.12	Investment income - DEPRECIATION TOB (chapter 2)		0	DEPRECIATION TOB	1.12	0	1.12
1.13	Investment income - DEPRECIATION EQUIPMENT (chapter 2)		0	DEPRECIATION EQUIPMENT	1.13	0	1.13
1.14	Investment income - DEPRECIATION ORTHOPEDICS (chapter 2)		0	DEPRECIATION ORTHOPEDICS	1.14	0	1.14
1.15	Investment income - DEPRECIATION KIDSTON (chapter 2)		0	DEPRECIATION KIDSTON	1.15	0	1.15
1.16	Investment income - DEPRECIATION COHN (chapter 2)		0	DEPRECIATION COHN	1.16	0	1.16
1.17	Investment income - DEPRECIATION TOWER (chapter 2)		0	DEPRECIATION TOWER	1.17	0	1.17
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - INTEREST GENERAL (chapter 2)		0	INTEREST GENERAL	2.01	0	2.01
2.02	Investment income - INTEREST DIRECT BLDG (chapter 2)		0	INTEREST DIRECT BLDG	2.02	0	2.02
2.03	Investment income - INTEREST ATRUM PAV (chapter 2)		0	INTEREST ATRUM PAV	2.03	0	2.03
2.04	Investment income - INTEREST PRO BLDG SOUTH (chapter 2)		0	INTEREST PRO BLDG SOUTH	2.04	0	2.04
2.05	Investment income - INTEREST TOB (chapter 2)		0	INTEREST TOB	2.05	0	2.05
2.06	Investment income - INTEREST PRO BLDG III (chapter 2)		0	INTEREST PRO BLDG III	2.06	0	2.06
2.07	Investment income - INTEREST TOWER (chapter 2)		0	INTEREST TOWER	2.07	0	2.07
2.08	Investment income - INTEREST PRO BLDG NORTH (chapter 2)		0	INTEREST PRO BLDG NORTH	2.08	0	2.08
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00

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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: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-80,554	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,957,012			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	242,516			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-74,422	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - DEPRECIATION OLD HOSPITAL		0	DEPRECIATION OLD HOSPITAL	1.01	0	26.01
26.02	Depreciation - DEPRECIATION DIRECT BLDG		0	DEPRECIATION DIRECT BLDG	1.02	0	26.02
26.03	Depreciation - DEPRECIATION KELLOGG PAV		0	DEPRECIATION KELLOGG PAV	1.03	0	26.03
26.04	Depreciation - DEPRECIATION JELKE SOUTH		0	DEPRECIATION JELKE SOUTH	1.04	0	26.04
26.05	Depreciation - DEPRECIATION ATRIUM PAV		0	DEPRECIATION ATRIUM PAV	1.05	0	26.05
26.06	Depreciation - DEPRECIATION PRO BLDG NORTH		0	DEPRECIATION PRO BLDG NORTH	1.06	0	26.06
26.07	Depreciation - DEPRECIATION PRO BLDG SOUTH		0	DEPRECIATION PRO BLDG SOUTH	1.07	0	26.07
26.08	Depreciation - DEPRECIATION WOOD ST		0	DEPRECIATION WOOD ST	1.08	0	26.08
26.09	Depreciation - DEPRECIATION ACADEMIC FACILITY		0	DEPRECIATION ACADEMIC FACILITY	1.09	0	26.09
26.10	Depreciation - DEPRECIATION PRO BLDG III		0	DEPRECIATION PRO BLDG III	1.10	0	26.10
26.11	Depreciation - DEPRECIATION JRB		0	DEPRECIATION JRB	1.11	0	26.11
26.12	Depreciation - DEPRECIATION TOB		0	DEPRECIATION TOB	1.12	0	26.12

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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: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
26.13	Depreciation - DEPRECIATION EQUIPMENT		0	DEPRECIATION EQUIPMENT	1.13	0	26.13
26.14	Depreciation - DEPRECIATION ORTHOPEDICS		0	DEPRECIATION ORTHOPEDICS	1.14	0	26.14
26.15	Depreciation - DEPRECIATION KIDSTON		0	DEPRECIATION KIDSTON	1.15	0	26.15
26.16	Depreciation - DEPRECIATION COHN		0	DEPRECIATION COHN	1.16	0	26.16
26.17	Depreciation - DEPRECIATION TOWER		0	DEPRECIATION TOWER	1.17	0	26.17
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - INTEREST GENERAL		0	INTEREST GENERAL	2.01	0	27.01
27.02	Depreciation - INTEREST DIRECT BLDG		0	INTEREST DIRECT BLDG	2.02	0	27.02
27.03	Depreciation - INTEREST ATRUM PAV		0	INTEREST ATRUM PAV	2.03	0	27.03
27.04	Depreciation - INTEREST PRO BLDG SOUTH		0	INTEREST PRO BLDG SOUTH	2.04	0	27.04
27.05	Depreciation - INTEREST TOB		0	INTEREST TOB	2.05	0	27.05
27.06	Depreciation - INTEREST PRO BLDG III		0	INTEREST PRO BLDG III	2.06	0	27.06
27.07	Depreciation - INTEREST TOWER		0	INTEREST TOWER	2.07	0	27.07
27.08	Depreciation - INTEREST PRO BLDG NORTH		0	INTEREST PRO BLDG NORTH	2.08	0	27.08
28.00	Non-physician Anesthetist	A	-2,784,898	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEPHONE	A	-57,976	DEPRECIATION EQUIPMENT	1.13	9	33.00
33.01	TELEPHONE	A	-21,614	CORPORATE ADMINISTRATION	5.11	0	33.01
33.02	TELEPHONE	A	-695,386	ADMIN & GEN PT SERVICE	5.07	0	33.02
33.10	EMPLOYEE ALLOWANCE	A	-101,444	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.20	UNEMPLOYMENT COMP	A	204,887	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.30	1/2 YEAR EQUIPMENT AFTER 10	A	-1,054,626	DEPRECIATION EQUIPMENT	1.13	9	33.30
33.40	COMPONENT DEPRECIATION	A	114,998	DEPRECIATION JRB	1.11	9	33.40
33.41	COMPONENT DEPRECIATION	A	119,472	DEPRECIATION PRO BLDG SOUTH	1.07	9	33.41
33.42	COMPONENT DEPRECIATION	A	-39,109	DEPRECIATION DIRECT BLDG	1.02	9	33.42
33.50	UNALLOWABLE COSTS	A	-10,661,687	CORPORATE ADMINISTRATION	5.11	0	33.50
33.60	MALPRACTICE TRUST INCOME	B	-6,104,834	CORPORATE ADMINISTRATION	5.11	0	33.60
33.70	STRATEGIC SUPPORT SUBSIDIES	A	-41,895,047	TRANSITION RECRUITMENT	5.01	0	33.70
33.80	DEFFERALS	A	108,098	DEPRECIATION OLD HOSPITAL	1.01	9	33.80
33.81	DEFFERALS	A	6,060	DEPRECIATION DIRECT BLDG	1.02	9	33.81
33.82	DEFFERALS	A	19,947	DEPRECIATION ATRIUM PAV	1.05	9	33.82
33.83	DEFFERALS	A	7,660	DEPRECIATION ACADEMIC FACILITY	1.09	9	33.83
33.84	DEFFERALS	A	210,702	DEPRECIATION EQUIPMENT	1.13	9	33.84
33.90	INTEREST INCOME	B	-1,726,735	INTEREST GENERAL	2.01	11	33.90
33.91	INTEREST INCOME	B	-776,235	INTEREST DIRECT BLDG	2.02	11	33.91
33.92	INTEREST INCOME	B	-2,582,659	INTEREST ATRUM PAV	2.03	11	33.92
33.93	INTEREST INCOME	B	-412,823	INTEREST PRO BLDG SOUTH	2.04	11	33.93
33.94	INTEREST INCOME	B	-620,180	INTEREST TOB	2.05	11	33.94
33.95	INTEREST INCOME	B	-8,873	INTEREST PRO BLDG III	2.06	11	33.95
33.96	INTEREST INCOME	B	-8,937,386	INTEREST TOWER	2.07	11	33.96
33.97	INTEREST INCOME	B	-44,787	INTEREST PRO BLDG NORTH	2.08	11	33.97
34.00	LOSS ON SALE OF EQUIPMENT	B	-485,214	DEPRECIATION EQUIPMENT	1.13	9	34.00
34.05	MEDICAID PROVIDER TAX	A	-39,063,694	CORPORATE ADMINISTRATION	5.11	0	34.05
34.10	POST RETIREMENT INCOME	A	670,566	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.10
34.11	PENSION	A	29,979,159	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.11
34.15	PASTORAL CARE RESIDENTS	B	-3,000	PARAMED PASTORAL CARE	23.06	0	34.15
34.16	PHARMACY RESIDENTS	B	-46,000	PARAMED PHARMACY	23.09	0	34.16

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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: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.20	SALE OF SCRAP	B	-295,208	ADMIN & GEN PT SERVICE	5.07	0	34.20
34.21	SALE OF SCRAP	B	-78,473	CORPORATE ADMINISTRATION	5.11	0	34.21
34.25	BUS REVENUE	B	-185,658	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.25
35.00	MISC INCOME	B	-360	CORPORATE ADMINISTRATION	5.11	0	35.00
35.01	MISC INCOME	B	-73,393	CORPORATE ADMINISTRATION	5.11	0	35.01
35.02	MISC INCOME	B	-50,105	CORPORATE ADMINISTRATION	5.11	0	35.02
35.03	MISC INCOME	B	7,543	CORPORATE ADMINISTRATION	5.11	0	35.03
35.04	MISC INCOME	B	-59,979	CORPORATE ADMINISTRATION	5.11	0	35.04
35.05	MISC INCOME	B	-30	ADMIN & GEN PT SERVICE	5.07	0	35.05
35.06	MISC INCOME	B	-175	ADMIN & GEN PT SERVICE	5.07	0	35.06
35.07	MISC INCOME	B	-9,746	ADMIN & GEN INPT SERVICE	5.04	0	35.07
35.08	MISC INCOME	B	200	CORPORATE ADMINISTRATION	5.11	0	35.08
35.09	MISC INCOME	B	-66,466	PSYCH DAY HOSPITAL	76.01	0	35.09
35.10	MISC INCOME	B	-93,183	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.10
35.11	MISC INCOME	B	-500	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.11
35.12	MISC INCOME	B	-8,529	LABORATORY	60.00	0	35.12
35.13	MISC INCOME	B	-399	CLINICAL LAB ADMIN OCLS	18.09	0	35.13
35.14	MISC INCOME	B	-12,312	LABORATORY	60.00	0	35.14
35.15	MISC INCOME	B	-207,352	LABORATORY	60.00	0	35.15
35.16	MISC INCOME	B	-11,979	LABORATORY	60.00	0	35.16
35.17	MISC INCOME	B	-77,194	LABORATORY	60.00	0	35.17
35.18	MISC INCOME	B	-40,013	LABORATORY	60.00	0	35.18
35.19	MISC INCOME	B	-4,362	LABORATORY	60.00	0	35.19
35.20	MISC INCOME	B	-65,749	LABORATORY	60.00	0	35.20
35.21	MISC INCOME	B	-2,160	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	35.21
35.22	MISC INCOME	B	-5,109	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	35.22
35.23	MISC INCOME	B	-426,296	MAINTENANCE & REPAIRS	6.00	0	35.23
35.24	MISC INCOME	B	-179,400	MAINTENANCE & REPAIRS	6.00	0	35.24
35.25	MISC INCOME	B	-74,354	MAINTENANCE & REPAIRS	6.00	0	35.25
35.26	MISC INCOME	B	-51,135	CLINIC	90.00	0	35.26
35.27	MISC INCOME	B	-38,930	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.27
35.28	MISC INCOME	B	-185,658	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.28
35.29	MISC INCOME	B	-25,335	PREMATURE INTENSIVE CARE UNIT	35.02	0	35.29
35.30	MISC INCOME	B	-41,825	MAINTENANCE & REPAIRS	6.00	0	35.30
35.31	MISC INCOME	B	-9,399	NURSING ADMINISTRATION	13.00	0	35.31
35.32	MISC INCOME	B	-115,716	NURSING ADMINISTRATION	13.00	0	35.32
35.33	MISC INCOME	B	-248,869	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	35.33
35.34	MISC INCOME	B	-30,716	LABORATORY	60.00	0	35.34
35.35	MISC INCOME	B	-900	OPERATING ROOM	50.00	0	35.35
35.36	MISC INCOME	B	-8,547	LABORATORY	60.00	0	35.36
35.37	MISC INCOME	B	-4,814	SPEECH PATHOLOGY	68.00	0	35.37
35.38	MISC INCOME	B	-48,300	ELECTROENCEPHALOGRAPHY	70.00	0	35.38
35.39	MISC INCOME	B	-6,447	LABORATORY	60.00	0	35.39
35.40	MISC INCOME	B	-2,405	RESPIRATORY THERAPY	65.00	0	35.40
35.41	MISC INCOME	B	-110	CLINICAL LAB ADMIN PSYCH	18.04	0	35.41
35.42	MISC INCOME	B	-50	PSYCH DAY HOSPITAL	76.01	0	35.42
35.43	MISC INCOME	B	-3,985	PSYCH DAY HOSPITAL	76.01	0	35.43
35.44	MISC INCOME	B	-1,452	PHYSICAL THERAPY	66.00	0	35.44
35.45	MISC INCOME	B	-50	OCCUPATIONAL THERAPY	67.00	0	35.45
35.46	MISC INCOME	B	-184,641	LABORATORY	60.00	0	35.46
35.47	MISC INCOME	B	-44,282	LABORATORY	60.00	0	35.47
35.48	MISC INCOME	B	-12,221	RADIOLOGY-DIAGNOSTIC	54.00	0	35.48
36.00	B-1 REVENUE	B	-1,315,527	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
36.01	B-1 REVENUE	B	-10,118,989	PARKING GARAGE	5.02	0	36.01
36.02	B-1 REVENUE	B	-43,646	LAUNDRY & LINEN SERVICE	8.00	0	36.02
36.03	B-1 REVENUE	B	-105	DIETARY	10.00	0	36.03
36.04	B-1 REVENUE	B	-39,495	PATIENT FOOD SERVICE	10.01	0	36.04
36.05	B-1 REVENUE	B	-2,726,107	CAFETERIA	11.00	0	36.05
36.06	B-1 REVENUE	B	-31,466	MEDICAL RECORDS & LIBRARY	16.00	0	36.06
36.07	B-1 REVENUE	B	-418,130	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	36.07
36.08	B-1 REVENUE	B	-13,569	CORPORATE ADMINISTRATION	5.11	0	36.08
36.09	B-1 REVENUE	B	-1,470,035	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	36.09

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		1.00	2.00	3.00	4.00	5.00	
36.10	B-1 REVENUE	B	-787,942	PARAMED MEDICAL PERFUSION TECH	23.01	0	36.10
36.11	B-1 REVENUE	B	-788,890	PARAMED DIETARY	23.02	0	36.11
36.12	B-1 REVENUE	B	-2,729,269	PARAMED SPEECH	23.03	0	36.12
36.13	B-1 REVENUE	B	-2,344,456	PARAMED OCCUPATIONAL THERAPY	23.04	0	36.13
36.14	B-1 REVENUE	B	-1,951,851	PARAMED TECHNOLOGY	23.07	0	36.14
36.15	B-1 REVENUE	B	-707,096	PARAMED VASCULAR ULTRASOUND	23.08	0	36.15
36.16	B-1 REVENUE	B	-1,758,145	PARAMED RESPIRATORY THERAPY	23.10	0	36.16
36.17	B-1 REVENUE	B	-2,509,268	PARAMED PHYSICIANS ASSISTANT	23.11	0	36.17
36.18	B-1 REVENUE	B	-16,643,526	NURSING SCHOOL	20.00	0	36.18
37.00	NR RECOVERIES	B	-34,672	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
37.01	NR RECOVERIES	B	4,100	RESEARCH ADMINISTRATION	5.03	0	37.01
37.02	NR RECOVERIES	B	-184,423	ADMIN & GEN PT SERVICE	5.07	0	37.02
37.03	NR RECOVERIES	B	-95,049	CORPORATE ADMINISTRATION	5.11	0	37.03
37.04	NR RECOVERIES	B	-97,037	MEDICAL RECORDS & LIBRARY	16.01	0	37.04
37.05	NR RECOVERIES	B	-79,406	CLINICAL LAB ADMIN PED	18.01	0	37.05
37.06	NR RECOVERIES	B	-195,012	CLINICAL LAB ADMIN OB	18.02	0	37.06
37.07	NR RECOVERIES	B	-457,689	CLINICAL LAB ADMIN SURG	18.03	0	37.07
37.08	NR RECOVERIES	B	710	CLINICAL LAB ADMIN PSYCH	18.04	0	37.08
37.09	NR RECOVERIES	B	-12,414	CLINICAL LAB ADMIN PATH	18.05	0	37.09
37.10	NR RECOVERIES	B	-135,748	CLINICAL LAB ADMIN CARD	18.06	0	37.10
37.11	NR RECOVERIES	B	-570	CLINICAL LAB ADMIN HEMAT	18.07	0	37.11
37.12	NR RECOVERIES	B	-973,338	CLINICAL LAB ADMIN NEUR	18.08	0	37.12
37.13	NR RECOVERIES	B	-7,113,651	DISCRETIONARY OPERATIONS	18.12	0	37.13
37.14	NR RECOVERIES	B	-582,162	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	37.14
37.15	NR RECOVERIES	B	-681,768	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	37.15
37.16	NR RECOVERIES	B	-23	PARAMED RESPIRATORY THERAPY	23.10	0	37.16
37.17	NR RECOVERIES	B	-30,940	ADULTS & PEDIATRICS	30.00	0	37.17
37.18	NR RECOVERIES	B	-62,299	PREMATURE INTENSIVE CARE UNIT	35.02	0	37.18
37.19	NR RECOVERIES	B	-80,000	ANESTHESIOLOGY	53.00	0	37.19
37.20	NR RECOVERIES	B	-4,886	RADIOLOGY-DIAGNOSTIC	54.00	0	37.20
37.21	NR RECOVERIES	B	-1,596,350	LABORATORY	60.00	0	37.21
37.22	NR RECOVERIES	B	-15,327	RESPIRATORY THERAPY	65.00	0	37.22
37.23	NR RECOVERIES	B	-1,816	PHYSICAL THERAPY	66.00	0	37.23
37.24	NR RECOVERIES	B	-161,544	ELECTROCARDIOLOGY	69.00	0	37.24
37.25	NR RECOVERIES	B	-7,924	RENAL DIALYSIS	74.00	0	37.25
37.26	NR RECOVERIES	B	-61,519	PSYCH DAY HOSPITAL	76.01	0	37.26
37.27	NR RECOVERIES	B	-14,124	EMERGENCY	91.00	0	37.27
37.28	NR RECOVERIES	B	-160,836	FUND RAISING	190.01	0	37.28
37.29	NR RECOVERIES	B	-18,211	MEDICAL COLLEGE	194.00	0	37.29
38.00	PROCUREMENT COSTS	A	-5,500	SURGICAL INTENSIVE CARE UNIT	34.00	0	38.00
38.01	PROCUREMENT COSTS	A	-9,438	OPERATING ROOM	50.00	0	38.01
38.02	PROCUREMENT COSTS	A	-731	ANESTHESIOLOGY	53.00	0	38.02
38.03	PROCUREMENT COSTS	A	-916	RADIOLOGY-DIAGNOSTIC	54.00	0	38.03
38.04	PROCUREMENT COSTS	A	-9,269	LABORATORY	60.00	0	38.04
38.05	PROCUREMENT COSTS	A	-351	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	38.05
38.06	PROCUREMENT COSTS	A	-29	INTRAVENOUS THERAPY	64.00	0	38.06
38.07	PROCUREMENT COSTS	A	-2,140	RESPIRATORY THERAPY	65.00	0	38.07
38.08	PROCUREMENT COSTS	A	-149	ELECTROCARDIOLOGY	69.00	0	38.08
38.09	PROCUREMENT COSTS	A	-470	ELECTROENCEPHALOGRAPHY	70.00	0	38.09
38.10	PROCUREMENT COSTS	A	-2,528	DRUGS CHARGED TO PATIENTS	73.00	0	38.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-153,921,619				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet A-8-1 Date/Time Prepared: 11/21/2014 10:45 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.11	DEPRECIATION JRB	DEPRECIATION JRB	242,517	1	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	0		0	242,517	1	5.00

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

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

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

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

6.00	C	RUMC	100.00	JRB TRUST	0.00	6.00
7.00	C	RUMC	100.00	ROOM 500	0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet A-8-1 Date/Time Prepared: 11/21/2014 10:45 am

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

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

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

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

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

6.00	MANAGING ENTITY		6.00
7.00	CONFERENCE CTR		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2014 10:45 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.03	RESEARCH ADMINISTRATION	32,652	0	32,652	177,200	329	1.00
2.00	5.03	RESEARCH ADMINISTRATION	25,022	0	25,022	200,800	131	2.00
3.00	5.07	ADMIN & GEN PT SERVICE	86,594	0	86,594	177,200	589	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	514,267	0	514,267	165,600	3,159	4.00
5.00	5.07	ADMIN & GEN PT SERVICE	130,355	0	130,355	177,200	1,858	5.00
6.00	5.07	ADMIN & GEN PT SERVICE	64,776	0	64,776	215,700	1,304	6.00
7.00	5.09	RESEARCH FACULTY	223,534	0	223,534	177,200	1,773	7.00
8.00	5.09	RESEARCH FACULTY	1,452,858	0	1,452,858	165,600	18,414	8.00
9.00	5.09	RESEARCH FACULTY	52,394	0	52,394	177,200	744	9.00
10.00	5.09	RESEARCH FACULTY	11,245	0	11,245	208,000	74	10.00
11.00	5.09	RESEARCH FACULTY	8,344	0	8,344	177,200	278	11.00
12.00	5.09	RESEARCH FACULTY	50,733	0	50,733	208,000	662	12.00
13.00	5.09	RESEARCH FACULTY	148,056	0	148,056	177,200	2,206	13.00
14.00	5.09	RESEARCH FACULTY	70,476	0	70,476	154,100	554	14.00
15.00	5.10	RESEARCH SPA	3,779	0	3,779	177,200	44	15.00
16.00	5.10	RESEARCH SPA	5,603	0	5,603	200,300	32	16.00
17.00	5.10	RESEARCH SPA	18,391	0	18,391	177,200	77	17.00
18.00	5.10	RESEARCH SPA	11,210	0	11,210	225,300	48	18.00
19.00	5.10	RESEARCH SPA	9,824	0	9,824	138,700	93	19.00
20.00	5.10	RESEARCH SPA	17,562	0	17,562	200,800	76	20.00
21.00	5.10	RESEARCH SPA	525,913	0	525,913	165,600	3,572	21.00
22.00	5.10	RESEARCH SPA	91,916	0	91,916	177,200	378	22.00
23.00	5.10	RESEARCH SPA	32,033	0	32,033	208,000	76	23.00
24.00	5.10	RESEARCH SPA	8,013	0	8,013	177,200	35	24.00
25.00	5.10	RESEARCH SPA	93,043	0	93,043	208,000	368	25.00
26.00	5.10	RESEARCH SPA	35,554	0	35,554	177,200	129	26.00
27.00	5.10	RESEARCH SPA	73,760	0	73,760	140,600	960	27.00
28.00	5.10	RESEARCH SPA	10,051	0	10,051	177,200	186	28.00
29.00	5.10	RESEARCH SPA	10,417	0	10,417	208,000	33	29.00
30.00	5.10	RESEARCH SPA	115,956	0	115,956	154,100	711	30.00
31.00	5.10	RESEARCH SPA	19,176	0	19,176	225,300	130	31.00
32.00	5.11	CORPORATE ADMINISTRATION	28,015	0	28,015	200,300	162	32.00
33.00	5.11	CORPORATE ADMINISTRATION	233,703	0	233,703	208,000	632	33.00
34.00	5.11	CORPORATE ADMINISTRATION	36,738	0	36,738	177,200	153	34.00
35.00	5.11	CORPORATE ADMINISTRATION	56,049	0	56,049	225,300	242	35.00
36.00	5.11	CORPORATE ADMINISTRATION	191,406	0	191,406	177,200	1,146	36.00
37.00	5.11	CORPORATE ADMINISTRATION	19,647	0	19,647	138,700	186	37.00
38.00	5.11	CORPORATE ADMINISTRATION	66,679	0	66,679	200,800	261	38.00
39.00	5.11	CORPORATE ADMINISTRATION	292,074	0	292,074	165,600	2,626	39.00
40.00	5.11	CORPORATE ADMINISTRATION	254,445	0	254,445	177,200	2,170	40.00
41.00	5.11	CORPORATE ADMINISTRATION	128,133	0	128,133	208,000	303	41.00
42.00	5.11	CORPORATE ADMINISTRATION	94,651	0	94,651	196,400	604	42.00
43.00	5.11	CORPORATE ADMINISTRATION	16,027	0	16,027	177,200	70	43.00
44.00	5.11	CORPORATE ADMINISTRATION	93,043	0	93,043	208,000	368	44.00
45.00	5.11	CORPORATE ADMINISTRATION	17,777	0	17,777	177,200	65	45.00
46.00	5.11	CORPORATE ADMINISTRATION	154,543	0	154,543	140,600	1,453	46.00
47.00	5.11	CORPORATE ADMINISTRATION	20,102	0	20,102	140,600	371	47.00
48.00	5.11	CORPORATE ADMINISTRATION	13,963	0	13,963	208,000	42	48.00
49.00	5.11	CORPORATE ADMINISTRATION	40,857	0	40,857	154,100	186	49.00
50.00	5.11	CORPORATE ADMINISTRATION	115,125	0	115,125	225,300	464	50.00
51.00	5.11	CORPORATE ADMINISTRATION	44,121	0	44,121	177,200	130	51.00
52.00	16.01	MEDICAL RECORDS & LIBRARY	110,964	0	110,964	177,200	1,115	52.00
53.00	16.01	MEDICAL RECORDS & LIBRARY	6,061	0	6,061	200,800	63	53.00
54.00	18.00	CLINICAL LAB ADMIN MED	1,931,652	0	1,931,652	165,600	23,646	54.00
55.00	18.01	CLINICAL LAB ADMIN PED	75,205	0	75,205	140,600	1,313	55.00
56.00	18.02	CLINICAL LAB ADMIN OB	202,689	0	202,689	196,400	2,811	56.00
57.00	18.03	CLINICAL LAB ADMIN SURG	229,218	0	229,218	200,800	1,183	57.00
58.00	18.03	CLINICAL LAB ADMIN SURG	19,255	0	19,255	165,600	248	58.00
59.00	18.03	CLINICAL LAB ADMIN SURG	68,470	0	68,470	208,000	216	59.00
60.00	18.03	CLINICAL LAB ADMIN SURG	22,005	0	22,005	196,400	124	60.00
61.00	18.03	CLINICAL LAB ADMIN SURG	38,352	0	38,352	225,300	261	61.00
62.00	18.05	CLINICAL LAB ADMIN PATH	563,269	0	563,269	215,700	1,905	62.00
63.00	18.08	CLINICAL LAB ADMIN NEUR	149,723	0	149,723	177,200	1,469	63.00
64.00	18.09	CLINICAL LAB ADMIN OCLS	22,542	0	22,542	165,600	324	64.00
65.00	18.09	CLINICAL LAB ADMIN OCLS	230,397	0	230,397	215,700	2,006	65.00
66.00	18.12	DISCRETIONARY OPERATIONS	51,804	0	51,804	177,200	343	66.00
67.00	18.12	DISCRETIONARY OPERATIONS	87,734	0	87,734	154,100	782	67.00
68.00	18.12	DISCRETIONARY OPERATIONS	60,779	0	60,779	208,000	371	68.00
69.00	18.12	DISCRETIONARY OPERATIONS	166,131	0	166,131	200,800	1,540	69.00
70.00	18.12	DISCRETIONARY OPERATIONS	1,182,077	0	1,182,077	165,600	10,315	70.00
71.00	18.12	DISCRETIONARY OPERATIONS	330,832	0	330,832	177,200	2,319	71.00
72.00	18.12	DISCRETIONARY OPERATIONS	6,325	0	6,325	208,000	42	72.00
73.00	18.12	DISCRETIONARY OPERATIONS	135,484	0	135,484	196,400	1,029	73.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2014 10:45 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
74.00	18.12	DISCRETIONARY OPERATIONS	11,141	0	11,141	177,200	156	74.00
75.00	18.12	DISCRETIONARY OPERATIONS	112,067	0	112,067	208,000	2,485	75.00
76.00	18.12	DISCRETIONARY OPERATIONS	5,515	0	5,515	177,200	32	76.00
77.00	18.12	DISCRETIONARY OPERATIONS	100,587	0	100,587	140,600	1,416	77.00
78.00	18.12	DISCRETIONARY OPERATIONS	11,582	0	11,582	208,000	1,043	78.00
79.00	18.12	DISCRETIONARY OPERATIONS	239,885	0	239,885	154,100	2,804	79.00
80.00	18.12	DISCRETIONARY OPERATIONS	45,182	0	45,182	225,300	235	80.00
81.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	45,444	0	45,444	200,300	657	81.00
82.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	57,909	0	57,909	208,000	130	82.00
83.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	18,391	0	18,391	177,200	77	83.00
84.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	11,210	0	11,210	225,300	48	84.00
85.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	80,888	0	80,888	138,700	1,055	85.00
86.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	115,806	0	115,806	200,800	447	86.00
87.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	51,704	0	51,704	177,200	130	87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	32,033	0	32,033	208,000	76	88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	8,013	0	8,013	177,200	35	89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	23,217	0	23,217	208,000	92	90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	17,777	0	17,777	177,200	65	91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	29,261	0	29,261	140,600	217	92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	10,051	0	10,051	177,200	186	93.00
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	10,417	0	10,417	208,000	33	94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20,429	0	20,429	154,100	93	95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	69,075	0	69,075	225,300	279	96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	44,121	0	44,121	177,200	130	97.00
98.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,727	0	16,727	177,200	191	98.00
99.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	96,042	0	96,042	208,000	367	99.00
100.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	178,334	0	178,334	177,200	1,357	100.00
101.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	53,703	0	53,703	177,200	619	101.00
102.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	463,881	0	463,881	200,800	2,827	102.00
103.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,802,951	0	1,802,951	165,600	21,486	103.00
104.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	56,053	0	56,053	140,600	882	104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	623,308	0	623,308	177,200	8,029	105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	86,729	0	86,729	208,000	216	106.00
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	189,174	0	189,174	196,400	2,122	107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	60,461	0	60,461	177,200	1,407	108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	79,969	0	79,969	208,000	769	109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	48,682	0	48,682	177,200	881	110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	264,918	0	264,918	140,600	3,266	111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,191	0	42,191	177,200	611	112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	532,445	0	532,445	154,100	6,875	113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	35,897	0	35,897	177,200	170	114.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2014 10:45 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
115.00	23.07	PARAMED TECHNOLOGY	35,447	0	35,447	165,600	510	115.00
116.00	23.11	PARAMED PHYSICIANS ASSISTANT	10,278	0	10,278	177,200	118	116.00
117.00	30.00	ADULTS & PEDIATRICS	112,643	0	112,643	140,600	1,494	117.00
118.00	35.00	MEDICAL INTENSIVE CARE UNIT	510,111	0	510,111	165,600	4,197	118.00
119.00	35.00	MEDICAL INTENSIVE CARE UNIT	110,341	0	110,341	177,200	743	119.00
120.00	35.02	PREMATURE INTENSIVE CARE UNIT	283,365	0	283,365	140,600	2,801	120.00
121.00	53.00	ANESTHESIOLOGY	6,849	0	6,849	200,300	119	121.00
122.00	54.00	RADIOLOGY-DIAGNOSTIC	198,258	0	198,258	225,300	752	122.00
123.00	60.00	LABORATORY	742,630	0	742,630	165,600	8,327	123.00
124.00	60.00	LABORATORY	153,142	0	153,142	215,700	2,607	124.00
125.00	60.00	LABORATORY	152,203	0	152,203	140,600	1,999	125.00
126.00	69.00	ELECTROCARDIOLOGY	513,741	0	513,741	165,600	3,385	126.00
127.00	70.00	ELECTROENCEPHALOGRAPHY	65,818	0	65,818	177,200	918	127.00
128.00	76.01	PSYCH DAY HOSPITAL	1,097,647	0	1,097,647	154,100	14,910	128.00
129.00	91.00	EMERGENCY	220,382	0	220,382	177,200	2,341	129.00
130.00	91.00	EMERGENCY	77,768	0	77,768	165,600	1,115	130.00
131.00	91.00	EMERGENCY	363,691	0	363,691	154,100	5,336	131.00
132.00	105.00	KIDNEY ACQUISITION	1,358,039	0	1,358,039	208,000	35,164	132.00
133.00	106.00	HEART ACQUISITION	556,763	0	556,763	208,000	8,117	133.00
134.00	107.00	LIVER ACQUISITION	800,068	0	800,068	208,000	16,509	134.00
135.00	109.00	PANCREAS ACQUISITION	120,923	0	120,923	208,000	1,902	135.00
200.00			24,854,850	0	24,854,850		281,442	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.03	RESEARCH ADMINISTRATION	28,028	1,401	0	0	0	1.00
2.00	5.03	RESEARCH ADMINISTRATION	12,647	632	0	0	0	2.00
3.00	5.07	ADMIN & GEN PT SERVICE	50,178	2,509	0	0	0	3.00
4.00	5.07	ADMIN & GEN PT SERVICE	251,505	12,575	0	0	0	4.00
5.00	5.07	ADMIN & GEN PT SERVICE	158,287	7,914	0	0	0	5.00
6.00	5.07	ADMIN & GEN PT SERVICE	135,227	6,761	0	0	0	6.00
7.00	5.09	RESEARCH FACULTY	151,046	7,552	0	0	0	7.00
8.00	5.09	RESEARCH FACULTY	1,466,038	73,302	0	0	0	8.00
9.00	5.09	RESEARCH FACULTY	63,383	3,169	0	0	0	9.00
10.00	5.09	RESEARCH FACULTY	7,400	370	0	0	0	10.00
11.00	5.09	RESEARCH FACULTY	23,683	1,184	0	0	0	11.00
12.00	5.09	RESEARCH FACULTY	66,200	3,310	0	0	0	12.00
13.00	5.09	RESEARCH FACULTY	187,934	9,397	0	0	0	13.00
14.00	5.09	RESEARCH FACULTY	41,044	2,052	0	0	0	14.00
15.00	5.10	RESEARCH SPA	3,748	187	0	0	0	15.00
16.00	5.10	RESEARCH SPA	3,082	154	0	0	0	16.00
17.00	5.10	RESEARCH SPA	6,560	328	0	0	0	17.00
18.00	5.10	RESEARCH SPA	5,199	260	0	0	0	18.00
19.00	5.10	RESEARCH SPA	6,202	310	0	0	0	19.00
20.00	5.10	RESEARCH SPA	7,337	367	0	0	0	20.00
21.00	5.10	RESEARCH SPA	284,386	14,219	0	0	0	21.00
22.00	5.10	RESEARCH SPA	32,203	1,610	0	0	0	22.00
23.00	5.10	RESEARCH SPA	7,600	380	0	0	0	23.00
24.00	5.10	RESEARCH SPA	2,982	149	0	0	0	24.00
25.00	5.10	RESEARCH SPA	36,800	1,840	0	0	0	25.00
26.00	5.10	RESEARCH SPA	10,990	550	0	0	0	26.00
27.00	5.10	RESEARCH SPA	64,892	3,245	0	0	0	27.00
28.00	5.10	RESEARCH SPA	15,846	792	0	0	0	28.00
29.00	5.10	RESEARCH SPA	3,300	165	0	0	0	29.00
30.00	5.10	RESEARCH SPA	52,676	2,634	0	0	0	30.00
31.00	5.10	RESEARCH SPA	14,081	704	0	0	0	31.00
32.00	5.11	CORPORATE ADMINISTRATION	15,600	780	0	0	0	32.00
33.00	5.11	CORPORATE ADMINISTRATION	63,200	3,160	0	0	0	33.00
34.00	5.11	CORPORATE ADMINISTRATION	13,034	652	0	0	0	34.00
35.00	5.11	CORPORATE ADMINISTRATION	26,213	1,311	0	0	0	35.00
36.00	5.11	CORPORATE ADMINISTRATION	97,630	4,882	0	0	0	36.00
37.00	5.11	CORPORATE ADMINISTRATION	12,403	620	0	0	0	37.00
38.00	5.11	CORPORATE ADMINISTRATION	25,197	1,260	0	0	0	38.00
39.00	5.11	CORPORATE ADMINISTRATION	209,070	10,454	0	0	0	39.00
40.00	5.11	CORPORATE ADMINISTRATION	184,867	9,243	0	0	0	40.00
41.00	5.11	CORPORATE ADMINISTRATION	30,300	1,515	0	0	0	41.00
42.00	5.11	CORPORATE ADMINISTRATION	57,032	2,852	0	0	0	42.00
43.00	5.11	CORPORATE ADMINISTRATION	5,963	298	0	0	0	43.00
44.00	5.11	CORPORATE ADMINISTRATION	36,800	1,840	0	0	0	44.00
45.00	5.11	CORPORATE ADMINISTRATION	5,538	277	0	0	0	45.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2014 10:45 am

	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	
46.00	5.11	CORPORATE ADMINISTRATION	98,217	4,911	0	0	0	46.00
47.00	5.11	CORPORATE ADMINISTRATION	25,078	1,254	0	0	0	47.00
48.00	5.11	CORPORATE ADMINISTRATION	4,200	210	0	0	0	48.00
49.00	5.11	CORPORATE ADMINISTRATION	13,780	689	0	0	0	49.00
50.00	5.11	CORPORATE ADMINISTRATION	50,259	2,513	0	0	0	50.00
51.00	5.11	CORPORATE ADMINISTRATION	11,075	554	0	0	0	51.00
52.00	16.01	MEDICAL RECORDS & LIBRARY	94,989	4,749	0	0	0	52.00
53.00	16.01	MEDICAL RECORDS & LIBRARY	6,082	304	0	0	0	53.00
54.00	18.00	CLINICAL LAB ADMIN MED	1,882,585	94,129	0	0	0	54.00
55.00	18.01	CLINICAL LAB ADMIN PED	88,754	4,438	0	0	0	55.00
56.00	18.02	CLINICAL LAB ADMIN OB	265,423	13,271	0	0	0	56.00
57.00	18.03	CLINICAL LAB ADMIN SURG	114,205	5,710	0	0	0	57.00
58.00	18.03	CLINICAL LAB ADMIN SURG	19,745	987	0	0	0	58.00
59.00	18.03	CLINICAL LAB ADMIN SURG	21,600	1,080	0	0	0	59.00
60.00	18.03	CLINICAL LAB ADMIN SURG	11,708	585	0	0	0	60.00
61.00	18.03	CLINICAL LAB ADMIN SURG	28,271	1,414	0	0	0	61.00
62.00	18.05	CLINICAL LAB ADMIN PATH	197,552	9,878	0	0	0	62.00
63.00	18.08	CLINICAL LAB ADMIN NEUR	125,148	6,257	0	0	0	63.00
64.00	18.09	CLINICAL LAB ADMIN OCLS	25,795	1,290	0	0	0	64.00
65.00	18.09	CLINICAL LAB ADMIN OCLS	208,026	10,401	0	0	0	65.00
66.00	18.12	DISCRETIONARY OPERATIONS	29,221	1,461	0	0	0	66.00
67.00	18.12	DISCRETIONARY OPERATIONS	57,936	2,897	0	0	0	67.00
68.00	18.12	DISCRETIONARY OPERATIONS	37,100	1,855	0	0	0	68.00
69.00	18.12	DISCRETIONARY OPERATIONS	148,669	7,433	0	0	0	69.00
70.00	18.12	DISCRETIONARY OPERATIONS	821,233	41,062	0	0	0	70.00
71.00	18.12	DISCRETIONARY OPERATIONS	197,561	9,878	0	0	0	71.00
72.00	18.12	DISCRETIONARY OPERATIONS	4,200	210	0	0	0	72.00
73.00	18.12	DISCRETIONARY OPERATIONS	97,161	4,858	0	0	0	73.00
74.00	18.12	DISCRETIONARY OPERATIONS	13,290	665	0	0	0	74.00
75.00	18.12	DISCRETIONARY OPERATIONS	248,500	12,425	0	0	0	75.00
76.00	18.12	DISCRETIONARY OPERATIONS	2,726	136	0	0	0	76.00
77.00	18.12	DISCRETIONARY OPERATIONS	95,716	4,786	0	0	0	77.00
78.00	18.12	DISCRETIONARY OPERATIONS	104,300	5,215	0	0	0	78.00
79.00	18.12	DISCRETIONARY OPERATIONS	207,739	10,387	0	0	0	79.00
80.00	18.12	DISCRETIONARY OPERATIONS	25,455	1,273	0	0	0	80.00
81.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	63,268	3,163	0	0	0	81.00
82.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	13,000	650	0	0	0	82.00
83.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	6,560	328	0	0	0	83.00
84.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	5,199	260	0	0	0	84.00
85.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	70,350	3,518	0	0	0	85.00
86.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	43,153	2,158	0	0	0	86.00
87.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	11,075	554	0	0	0	87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	7,600	380	0	0	0	88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2,982	149	0	0	0	89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	9,200	460	0	0	0	90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	5,538	277	0	0	0	91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	14,668	733	0	0	0	92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	15,846	792	0	0	0	93.00
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	3,300	165	0	0	0	94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	6,890	345	0	0	0	95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	30,221	1,511	0	0	0	96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	11,075	554	0	0	0	97.00
98.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,272	814	0	0	0	98.00
99.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,700	1,835	0	0	0	99.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2014 10:45 am

	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	
100.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	115,606	5,780	0	0	0	100.00
101.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	52,734	2,637	0	0	0	101.00
102.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	272,914	13,646	0	0	0	102.00
103.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,710,616	85,531	0	0	0	103.00
104.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	59,620	2,981	0	0	0	104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	684,009	34,200	0	0	0	105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,600	1,080	0	0	0	106.00
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	200,366	10,018	0	0	0	107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	119,866	5,993	0	0	0	108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	76,900	3,845	0	0	0	109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	75,054	3,753	0	0	0	110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	220,769	11,038	0	0	0	111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	52,053	2,603	0	0	0	112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	509,345	25,467	0	0	0	113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,483	724	0	0	0	114.00
115.00	23.07	PARAMED TECHNOLOGY	40,604	2,030	0	0	0	115.00
116.00	23.11	PARAMED PHYSICIANS ASSISTANT	10,053	503	0	0	0	116.00
117.00	30.00	ADULTS & PEDIATRICS	100,989	5,049	0	0	0	117.00
118.00	35.00	MEDICAL INTENSIVE CARE UNIT	334,146	16,707	0	0	0	118.00
119.00	35.00	MEDICAL INTENSIVE CARE UNIT	63,298	3,165	0	0	0	119.00
120.00	35.02	PREMATURE INTENSIVE CARE UNIT	189,337	9,467	0	0	0	120.00
121.00	53.00	ANESTHESIOLOGY	11,460	573	0	0	0	121.00
122.00	54.00	RADIOLOGY-DIAGNOSTIC	81,455	4,073	0	0	0	122.00
123.00	60.00	LABORATORY	662,957	33,148	0	0	0	123.00
124.00	60.00	LABORATORY	270,351	13,518	0	0	0	124.00
125.00	60.00	LABORATORY	135,125	6,756	0	0	0	125.00
126.00	69.00	ELECTROCARDIOLOGY	269,498	13,475	0	0	0	126.00
127.00	70.00	ELECTROENCEPHALOGRAPHY	78,207	3,910	0	0	0	127.00
128.00	76.01	PSYCH DAY HOSPITAL	1,104,630	55,232	0	0	0	128.00
129.00	91.00	EMERGENCY	199,435	9,972	0	0	0	129.00
130.00	91.00	EMERGENCY	88,771	4,439	0	0	0	130.00
131.00	91.00	EMERGENCY	395,326	19,766	0	0	0	131.00
132.00	105.00	KIDNEY ACQUISITION	3,516,400	175,820	0	0	0	132.00
133.00	106.00	HEART ACQUISITION	811,700	40,585	0	0	0	133.00
134.00	107.00	LIVER ACQUISITION	1,650,900	82,545	0	0	0	134.00
135.00	109.00	PANCREAS ACQUISITION	190,200	9,510	0	0	0	135.00
200.00			24,130,304	1,206,516	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.03	RESEARCH ADMINISTRATION	0	28,028	4,624	4,624		1.00
2.00	5.03	RESEARCH ADMINISTRATION	0	12,647	12,375	12,375		2.00
3.00	5.07	ADMIN & GEN PT SERVICE	0	50,178	36,416	36,416		3.00
4.00	5.07	ADMIN & GEN PT SERVICE	0	251,505	262,762	262,762		4.00
5.00	5.07	ADMIN & GEN PT SERVICE	0	158,287	0	0		5.00
6.00	5.07	ADMIN & GEN PT SERVICE	0	135,227	0	0		6.00
7.00	5.09	RESEARCH FACULTY	0	151,046	72,488	72,488		7.00
8.00	5.09	RESEARCH FACULTY	0	1,466,038	0	0		8.00
9.00	5.09	RESEARCH FACULTY	0	63,383	0	0		9.00
10.00	5.09	RESEARCH FACULTY	0	7,400	3,845	3,845		10.00
11.00	5.09	RESEARCH FACULTY	0	23,683	0	0		11.00
12.00	5.09	RESEARCH FACULTY	0	66,200	0	0		12.00
13.00	5.09	RESEARCH FACULTY	0	187,934	0	0		13.00
14.00	5.09	RESEARCH FACULTY	0	41,044	29,432	29,432		14.00
15.00	5.10	RESEARCH SPA	0	3,748	31	31		15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2014 10:45 am

	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		
16.00	5.10	RESEARCH SPA	0	3,082	2,521	2,521		16.00
17.00	5.10	RESEARCH SPA	0	6,560	11,831	11,831		17.00
18.00	5.10	RESEARCH SPA	0	5,199	6,011	6,011		18.00
19.00	5.10	RESEARCH SPA	0	6,202	3,622	3,622		19.00
20.00	5.10	RESEARCH SPA	0	7,337	10,225	10,225		20.00
21.00	5.10	RESEARCH SPA	0	284,386	241,527	241,527		21.00
22.00	5.10	RESEARCH SPA	0	32,203	59,713	59,713		22.00
23.00	5.10	RESEARCH SPA	0	7,600	24,433	24,433		23.00
24.00	5.10	RESEARCH SPA	0	2,982	5,031	5,031		24.00
25.00	5.10	RESEARCH SPA	0	36,800	56,243	56,243		25.00
26.00	5.10	RESEARCH SPA	0	10,990	24,564	24,564		26.00
27.00	5.10	RESEARCH SPA	0	64,892	8,868	8,868		27.00
28.00	5.10	RESEARCH SPA	0	15,846	0	0		28.00
29.00	5.10	RESEARCH SPA	0	3,300	7,117	7,117		29.00
30.00	5.10	RESEARCH SPA	0	52,676	63,280	63,280		30.00
31.00	5.10	RESEARCH SPA	0	14,081	5,095	5,095		31.00
32.00	5.11	CORPORATE ADMINISTRATION	0	15,600	12,415	12,415		32.00
33.00	5.11	CORPORATE ADMINISTRATION	0	63,200	170,503	170,503		33.00
34.00	5.11	CORPORATE ADMINISTRATION	0	13,034	23,704	23,704		34.00
35.00	5.11	CORPORATE ADMINISTRATION	0	26,213	29,836	29,836		35.00
36.00	5.11	CORPORATE ADMINISTRATION	0	97,630	93,776	93,776		36.00
37.00	5.11	CORPORATE ADMINISTRATION	0	12,403	7,244	7,244		37.00
38.00	5.11	CORPORATE ADMINISTRATION	0	25,197	41,482	41,482		38.00
39.00	5.11	CORPORATE ADMINISTRATION	0	209,070	83,004	83,004		39.00
40.00	5.11	CORPORATE ADMINISTRATION	0	184,867	69,578	69,578		40.00
41.00	5.11	CORPORATE ADMINISTRATION	0	30,300	97,833	97,833		41.00
42.00	5.11	CORPORATE ADMINISTRATION	0	57,032	37,619	37,619		42.00
43.00	5.11	CORPORATE ADMINISTRATION	0	5,963	10,064	10,064		43.00
44.00	5.11	CORPORATE ADMINISTRATION	0	36,800	56,243	56,243		44.00
45.00	5.11	CORPORATE ADMINISTRATION	0	5,538	12,239	12,239		45.00
46.00	5.11	CORPORATE ADMINISTRATION	0	98,217	56,326	56,326		46.00
47.00	5.11	CORPORATE ADMINISTRATION	0	25,078	0	0		47.00
48.00	5.11	CORPORATE ADMINISTRATION	0	4,200	9,763	9,763		48.00
49.00	5.11	CORPORATE ADMINISTRATION	0	13,780	27,077	27,077		49.00
50.00	5.11	CORPORATE ADMINISTRATION	0	50,259	64,866	64,866		50.00
51.00	5.11	CORPORATE ADMINISTRATION	0	11,075	33,046	33,046		51.00
52.00	16.01	MEDICAL RECORDS & LIBRARY	0	94,989	15,975	15,975		52.00
53.00	16.01	MEDICAL RECORDS & LIBRARY	0	6,082	0	0		53.00
54.00	18.00	CLINICAL LAB ADMIN MED	0	1,882,585	49,067	49,067		54.00
55.00	18.01	CLINICAL LAB ADMIN PED	0	88,754	0	0		55.00
56.00	18.02	CLINICAL LAB ADMIN OB	0	265,423	0	0		56.00
57.00	18.03	CLINICAL LAB ADMIN SURG	0	114,205	115,013	115,013		57.00
58.00	18.03	CLINICAL LAB ADMIN SURG	0	19,745	0	0		58.00
59.00	18.03	CLINICAL LAB ADMIN SURG	0	21,600	46,870	46,870		59.00
60.00	18.03	CLINICAL LAB ADMIN SURG	0	11,708	10,297	10,297		60.00
61.00	18.03	CLINICAL LAB ADMIN SURG	0	28,271	10,081	10,081		61.00
62.00	18.05	CLINICAL LAB ADMIN PATH	0	197,552	365,717	365,717		62.00
63.00	18.08	CLINICAL LAB ADMIN NEUR	0	125,148	24,575	24,575		63.00
64.00	18.09	CLINICAL LAB ADMIN OCLS	0	25,795	0	0		64.00
65.00	18.09	CLINICAL LAB ADMIN OCLS	0	208,026	22,371	22,371		65.00
66.00	18.12	DISCRETIONARY OPERATIONS	0	29,221	22,583	22,583		66.00
67.00	18.12	DISCRETIONARY OPERATIONS	0	57,936	29,798	29,798		67.00
68.00	18.12	DISCRETIONARY OPERATIONS	0	37,100	23,679	23,679		68.00
69.00	18.12	DISCRETIONARY OPERATIONS	0	148,669	17,462	17,462		69.00
70.00	18.12	DISCRETIONARY OPERATIONS	0	821,233	360,844	360,844		70.00
71.00	18.12	DISCRETIONARY OPERATIONS	0	197,561	133,271	133,271		71.00
72.00	18.12	DISCRETIONARY OPERATIONS	0	4,200	2,125	2,125		72.00
73.00	18.12	DISCRETIONARY OPERATIONS	0	97,161	38,323	38,323		73.00
74.00	18.12	DISCRETIONARY OPERATIONS	0	13,290	0	0		74.00
75.00	18.12	DISCRETIONARY OPERATIONS	0	248,500	0	0		75.00
76.00	18.12	DISCRETIONARY OPERATIONS	0	2,726	2,789	2,789		76.00
77.00	18.12	DISCRETIONARY OPERATIONS	0	95,716	4,871	4,871		77.00
78.00	18.12	DISCRETIONARY OPERATIONS	0	104,300	0	0		78.00
79.00	18.12	DISCRETIONARY OPERATIONS	0	207,739	32,146	32,146		79.00
80.00	18.12	DISCRETIONARY OPERATIONS	0	25,455	19,727	19,727		80.00
81.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	63,268	0	0		81.00
82.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	13,000	44,909	44,909		82.00
83.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	6,560	11,831	11,831		83.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2014 10:45 am

	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		
84.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,199	6,011	6,011		84.00
85.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	70,350	10,538	10,538		85.00
86.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	43,153	72,653	72,653		86.00
87.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,075	40,629	40,629		87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	7,600	24,433	24,433		88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,982	5,031	5,031		89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	9,200	14,017	14,017		90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,538	12,239	12,239		91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,668	14,593	14,593		92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,846	0	0		93.00
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,300	7,117	7,117		94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	6,890	13,539	13,539		95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	30,221	38,854	38,854		96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,075	33,046	33,046		97.00
98.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	16,272	455	455		98.00
99.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	36,700	59,342	59,342		99.00
100.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	115,606	62,728	62,728		100.00
101.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	52,734	969	969		101.00
102.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	272,914	190,967	190,967		102.00
103.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,710,616	92,335	92,335		103.00
104.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	59,620	0	0		104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	684,009	0	0		105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	21,600	65,129	65,129		106.00
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	200,366	0	0		107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	119,866	0	0		108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	76,900	3,069	3,069		109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	75,054	0	0		110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	220,769	44,149	44,149		111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	52,053	0	0		112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	509,345	23,100	23,100		113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,483	21,414	21,414		114.00
115.00	23.07	PARAMED TECHNOLOGY	0	40,604	0	0		115.00
116.00	23.11	PARAMED PHYSICIANS ASSISTANT	0	10,053	225	225		116.00
117.00	30.00	ADULTS & PEDIATRICS	0	100,989	11,654	11,654		117.00
118.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	334,146	175,965	175,965		118.00
119.00	35.00	MEDICAL INTENSIVE CARE UNIT	0	63,298	47,043	47,043		119.00
120.00	35.02	PREMATURE INTENSIVE CARE UNIT	0	189,337	94,028	94,028		120.00
121.00	53.00	ANESTHESIOLOGY	0	11,460	0	0		121.00
122.00	54.00	RADIOLOGY-DIAGNOSTIC	0	81,455	116,803	116,803		122.00
123.00	60.00	LABORATORY	0	662,957	79,673	79,673		123.00
124.00	60.00	LABORATORY	0	270,351	0	0		124.00
125.00	60.00	LABORATORY	0	135,125	17,078	17,078		125.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/21/2014 10:45 am

	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		
126.00	69.00	ELECTROCARDIOLOGY	0	269,498	244,243	244,243		126.00
127.00	70.00	ELECTROENCEPHALOGRAPHY	0	78,207	0	0		127.00
128.00	76.01	PSYCH DAY HOSPITAL	0	1,104,630	0	0		128.00
129.00	91.00	EMERGENCY	0	199,435	20,947	20,947		129.00
130.00	91.00	EMERGENCY	0	88,771	0	0		130.00
131.00	91.00	EMERGENCY	0	395,326	0	0		131.00
132.00	105.00	KIDNEY ACQUISITION	0	3,516,400	0	0		132.00
133.00	106.00	HEART ACQUISITION	0	811,700	0	0		133.00
134.00	107.00	LIVER ACQUISITION	0	1,650,900	0	0		134.00
135.00	109.00	PANCREAS ACQUISITION	0	190,200	0	0		135.00
200.00			0	24,130,304	4,957,012	4,957,012		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	2,024,731	0	2,024,731			1.01
1.02	00102	DEPRECIATION DIRECT BLDG	8,184,631	0	0	8,184,631		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	3,437,689	0	0	0	3,437,689	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	3,383,583	0	0	0	0	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	4,351,945	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	1,674,854	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	1,446,946	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	342,797	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,345,859	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	1,222,657	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	1,239,076	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	1,017,643	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	47,556,284	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	1,121,611	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	51,844	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	1,515,554	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	18,362,455	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0					2.00
2.01	00201	INTEREST GENERAL	1,779,862					2.01
2.02	00202	INTEREST DIRECT BLDG	800,118					2.02
2.03	00203	INTEREST ATRUM PAV	2,662,121					2.03
2.04	00204	INTEREST PRO BLDG SOUTH	425,525					2.04
2.05	00205	INTEREST TOB	639,262					2.05
2.06	00206	INTEREST PRO BLDG III	9,147					2.06
2.07	00207	INTEREST TOWER	9,212,369					2.07
2.08	00208	INTEREST PRO BLDG NORTH	46,164					2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	172,272,858	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	79,767	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	-5,100,765	0	0	4,754,746	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	6,021,677	0	0	0	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	3,845,963	0	0	0	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	3,039,191	0	5,575	0	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	-620,539	0	0	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	46,154,743	0	17,479	0	191,328	5.07
5.08	00546	PERSONNEL DEPARTMENT	6,070,366	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	11,627,884	0	0	0	0	5.09
5.10	00548	RESEARCH SPA	8,781,969	0	1,976	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	67,694,848	0	2,517	573,035	24,182	5.11
6.00	00600	MAINTENANCE & REPAIRS	58,000,237	0	292,625	0	349,023	6.00
6.01	00601	RENTED SPACE COSTS	93,493	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,129,994	0	21,949	0	8,625	8.00
9.00	00900	HOUSEKEEPING	17,315,907	0	91,747	0	263,992	9.00
10.00	01000	DIETARY	512,514	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	7,883,638	0	2,329	0	25,836	10.01
11.00	01100	CAFETERIA	487,438	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,539,810	0	145,336	0	21,701	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	112,075	0	0	0	0	14.00
15.00	01500	PHARMACY	58,437,873	0	32,864	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,888,661	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	7,299,651	0	16,373	0	12,209	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,833,632	0	32,064	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	164,705	0	89,747	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	1,585,118	0	44,674	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	2,356,611	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	488,920	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	260,086	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	-3,265	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	412,830	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	2,523,938	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	-2,049,555	0	27,030	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	5,707,557	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	10,486,354	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	-13,336,245	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	34,338,527	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,842,359	0	205,983	0	232,209	22.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	422,038	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-387,120	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	-301,662	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	-928,583	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-1,232,187	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	179,300	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	477,283	0	5,364	0	21,701	23.06
23.07	02307	PARAMED TECHNOLOGY	-914,068	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-301,644	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	516,999	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-855,699	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-1,347,221	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,510,064	0	314,643	0	532,000	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,276,384	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	15,098,783	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	5,028,936	0	0	0	268,049	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	10,105,671	0	62,552	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	6,631,641	0	0	0	413,101	40.00
41.00	04100	SUBPROVIDER - IRF	4,668,456	0	0	0	0	41.00
43.00	04300	NURSERY	1,822,512	0	61,729	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	42,845,107	0	49,026	0	0	50.00
51.00	05100	RECOVERY ROOM	4,093,175	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,726,757	0	16,232	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,818,186	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,202,900	0	54,131	0	217,480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,088,939	0	28,347	0	123,981	55.00
56.00	05600	RADIOISOTOPE	1,610,893	0	19,314	0	0	56.00
60.00	06000	LABORATORY	44,148,188	0	50,743	0	171,361	60.00
60.01	06002	LABORATORY - HLA	801,002	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,114,244	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	52,644	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,326,030	0	38,040	0	29,499	65.00
66.00	06600	PHYSICAL THERAPY	3,542,389	0	32,629	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,321,297	0	28,441	0	42,929	67.00
68.00	06800	SPEECH PATHOLOGY	1,599,871	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,253,440	0	25,901	0	76,327	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,024,505	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	749,107	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,730,178	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,287,634	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	690,969	0	0	0	45,252	74.00
76.00	03020	RENAL DIALYSIS I/P	2,766,679	0	0	0	31,074	76.00
76.01	03021	PSYCH DAY HOSPITAL	3,431,024	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26,925,514	0	3,693	0	25,600	90.00
91.00	09100	EMERGENCY	10,830,254	0	0	0	198,103	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,272,477	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	931,832	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,543,143	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	503,286	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,052,737,099	0	1,821,053	5,327,781	3,325,562	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,998,700	0	0	79,854	0	190.00
190.01	19001	FUND RAISING	4,799,614	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1,722,440	0	0	0	0	190.02
191.00	19100	RESEARCH	39,680,139	0	3,411	2,776,996	8,113	191.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	12,293,851	0	1,953	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	2,294,296	0	1,506	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	145,119,645	0	129,598	0	104,014	192.00
194.00	07950	MEDICAL COLLEGE	20,828,852	0	67,210	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	38,789,496	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	1,638,602	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	17,600,068	0	0	0	0	194.03
194.04	07954	CON - GNE	1,525,349	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,342,028,151	0	2,024,731	8,184,631	3,437,689	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH	3,383,583					1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	4,351,945				1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	1,674,854			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,446,946		1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	342,797	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	39,723	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	17,049	0	9,987	0	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	27,544	0	0	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	64,351	2,229	0	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	50,032	0	0	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	16,826	107,418	11,480	38,663	6,727	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	4,718	0	0	5.09
5.10	00548	RESEARCH SPA	8,181	0	0	0	70,267	5.10
5.11	00560	CORPORATE ADMINISTRATION	70,995	31,023	2,023	1,580	111,706	5.11
6.00	00600	MAINTENANCE & REPAIRS	910,175	966,063	58,560	54,272	30,576	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,117	16,879	0	0	0	8.00
9.00	00900	HOUSEKEEPING	9,517	69,978	0	0	609	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	425,244	0	0	0	10.01
11.00	01100	CAFETERIA	31,407	99,758	4,307	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	122,805	0	0	0	14.00
15.00	01500	PHARMACY	0	201,663	573	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	18,867	573	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	9,587	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	50,366	14,913	6,514	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	208,905	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	51,350	0	0	2,011	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	4,609	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	21,204	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	18,384	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	11,058	2,346	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	45,784	21,353	17,561	37,418	2,497	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	2,002	0	0	23.01
23.02	02302	PARAMED DIETARY	4,526	0	0	0	0	23.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	8,343	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	12,314	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	4,632	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	1,234	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	3,660	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	681,542	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	2,486	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,531	726,936	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	114,683	32,492	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,587	85,184	87,926	22,264	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	331,767	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	497,969	131,685	101,528	246,748	0	60.00
60.01	06002	LABORATORY - HLA	23,541	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	148,558	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,783	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,450	0	64,829	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	30,882	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,508	28,990	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	25,284	1,536	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	299,216	213,376	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,460,681	4,318,301	645,564	714,389	222,382	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,644	27,711	38,519	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	537,724	0	11,578	527	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	17,253	0	26,640	34,162	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	121,176	0	2,521	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	195,158	0	741,035	493,374	117,918	192.00
194.00	07950	MEDICAL COLLEGE	51,591	0	3,538	0	2,497	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	34,171	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	182,096	165,975	0	194.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,383,583	4,351,945	1,674,854	1,446,946	342,797	202.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,345,859					1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,222,657				1.10
1.11	00111	DEPRECIATION JRB	0	0	1,239,076			1.11
1.12	00112	DEPRECIATION TOB	0	0	0	1,017,643		1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	47,556,284	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	349,456	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	3,087	0	0	13,524	161,892	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	0	6,449	122,050	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	1,749	0	0	122,900	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	2,671	0	0	0	275,170	5.06
5.07	00545	ADMIN & GEN PT SERVICE	16,772	2,241	7,301	298,906	1,972,619	5.07
5.08	00546	PERSONNEL DEPARTMENT	55,280	0	0	626	197,599	5.08
5.09	00547	RESEARCH FACULTY	0	0	0	0	37,407	5.09
5.10	00548	RESEARCH SPA	3,327	0	0	51	172,569	5.10
5.11	00560	CORPORATE ADMINISTRATION	171,031	52,999	97,997	286,999	2,965,416	5.11
6.00	00600	MAINTENANCE & REPAIRS	109,207	41,939	93,652	92,193	4,219,009	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	207,818	8.00
9.00	00900	HOUSEKEEPING	2,762	402	10,116	0	549,490	9.00
10.00	01000	DIETARY	0	0	0	27,406	98,559	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	1,478	0	516,422	10.01
11.00	01100	CAFETERIA	148,664	0	0	11,232	822,340	11.00
13.00	01300	NURSING ADMINISTRATION	17,454	0	16,967	0	266,857	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,615	0	540,764	14.00
15.00	01500	PHARMACY	0	567	0	0	282,954	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,206	0	0	0	259,348	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	1,504	0	135,713	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	31,299	18.00
18.01	01080	CLINICAL LAB ADMIN PED	585	0	0	0	89,672	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	63,953	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	7,611	0	0	130,455	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	951	112,773	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	258,590	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	65,491	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	9,782	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	26,247	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	49,142	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	383,316	0	0	2,727	1,421,844	18.14
18.16	01095	NURSING SCHOOL SPLIT	70,537	0	0	0	249,267	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,098	4,007	5,180	9,712	798,274	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	7,401	0	0	10,830	66,594	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	1,404	0	0	0	9,208	23.01

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			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	0	0	0	0	5,603	23.02
23.03	02303	PARAMED SPEECH	10,579	0	0	0	63,379	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	9,344	0	0	0	33,021	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	12,515	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	50,519	23.06
23.07	02307	PARAMED TECHNOLOGY	4,198	0	0	0	17,452	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,599	0	0	0	5,649	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	3,720	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	8,928	0	0	0	31,552	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	3,554	0	0	0	12,561	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	3,314,321	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	589,446	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	9,468	0	0	0	643,157	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	156,288	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	789,433	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	166,019	0	537,457	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	259,631	0	463,836	41.00
43.00	04300	NURSERY	0	0	0	0	60,256	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,019	6,659	0	0	2,826,740	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	503,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	364,084	52.00
53.00	05300	ANESTHESIOLOGY	3,645	7,324	0	0	333,749	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,501	0	0	1,843,818	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	455,087	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	131,442	56.00
60.00	06000	LABORATORY	11,918	14,902	0	5,121	1,901,640	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	29,140	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	183,890	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	160,674	65.00
66.00	06600	PHYSICAL THERAPY	0	0	93,652	0	314,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	663	0	58,755	0	197,852	67.00
68.00	06800	SPEECH PATHOLOGY	2,482	0	4,769	0	176,244	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	242,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	50,703	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	26,385	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	47,075	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	16,453	1,507	247,660	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,258	347,460	55,284	1,916	2,223,494	90.00
91.00	09100	EMERGENCY	0	0	0	0	861,194	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,731	0	0	35,731	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,358	0	0	11,206	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	33	0	0	92	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,156,457	600,483	898,373	770,150	37,617,340	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	235,841	4,585	816,232	190.00
190.01	19001	FUND RAISING	0	0	0	52,654	189,356	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	150,157	190.02
191.00	19100	RESEARCH	66,944	1,503	2,982	53,516	3,070,519	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	10,287	15,009	5,476	3,308	380,824	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	14,920	4,384	2,841	1,501	541,246	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,932	579,085	79,758	129,349	3,577,894	192.00
194.00	07950	MEDICAL COLLEGE	83,319	8,851	13,805	2,580	554,610	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.01	07951	AFFIL CORP ARC VENTURES	0	13,342	0	0	112,451	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	545,655	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,345,859	1,222,657	1,239,076	1,017,643	47,556,284	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	1,121,611					1.14
1.15	00115	DEPRECIATION KIDSTON	0	51,844				1.15
1.16	00116	DEPRECIATION COHN	0	0	1,515,554			1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	18,362,455		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					0	2.00
2.01	00201	INTEREST GENERAL					0	2.01
2.02	00202	INTEREST DIRECT BLDG					0	2.02
2.03	00203	INTEREST ATRUM PAV					0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH					0	2.04
2.05	00205	INTEREST TOB					0	2.05
2.06	00206	INTEREST PRO BLDG III					0	2.06
2.07	00207	INTEREST TOWER					0	2.07
2.08	00208	INTEREST PRO BLDG NORTH					0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	0	29,534	0	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	5,793	0	0	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	0	0	73,163	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	126,564	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	0	5,318	9,355	705,182	0	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	8,157	0	0	5.09
5.10	00548	RESEARCH SPA	0	0	28,065	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	329,139	10,382	53,677	120,315	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	3,223	125,451	269,966	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	67,741	0	0	128,748	0	8.00
9.00	00900	HOUSEKEEPING	8,479	340	7,943	285,486	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	110,813	0	10.01
11.00	01100	CAFETERIA	0	0	0	184,808	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	35,077	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	687,525	0	14.00
15.00	01500	PHARMACY	0	0	0	74,351	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	184,923	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,319	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	47	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	2,594	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	185	98,461	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	927	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	6,554	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,283	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	3,344,943	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,016,243	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,045,857	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	1,255,765	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,964,165	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	867,265	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	600,387	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	216,203	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,563,342	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,960	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	194,111	0	56.00
60.00	06000	LABORATORY	12,601	1,787	0	535,142	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	159,193	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	69,639	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,015	0	67.00
68.00	06800	SPEECH PATHOLOGY	125,679	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	238,056	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	87,415	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	50,676	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	207,310	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,285,616	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	467	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	148	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	942,426	39,701	389,858	18,312,888	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	45,964	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,271	92	973,036	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	944	5,416	1,640	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	17,412	1,237	126,392	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	159,558	3,587	0	3,603	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,597	24,628	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	214	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,121,611	51,844	1,515,554	18,362,455	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL	1,779,862					2.01
2.02	00202	INTEREST DIRECT BLDG	0	800,118				2.02
2.03	00203	INTEREST ATRUM PAV	0	0	2,662,121			2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	0	425,525		2.04
2.05	00205	INTEREST TOB	0	0	0	0	639,262	2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	24,299	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	611,610	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	8,140	0	0	0	8,496	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	7,250	0	16,849	0	4,051	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	557	0	39,364	0	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	28,152	0	0	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	30,562	0	65,709	11,370	187,765	5.07
5.08	00546	PERSONNEL DEPARTMENT	19,986	0	0	0	393	5.08
5.09	00547	RESEARCH FACULTY	1,344	0	0	0	0	5.09
5.10	00548	RESEARCH SPA	17,636	0	0	0	32	5.10
5.11	00560	CORPORATE ADMINISTRATION	153,757	60,889	18,977	465	180,287	5.11
6.00	00600	MAINTENANCE & REPAIRS	234,094	0	590,946	15,960	57,913	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	11,866	0	10,325	0	0	8.00
9.00	00900	HOUSEKEEPING	30,036	0	42,806	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	17,216	10.00
10.01	01001	PATIENT FOOD SERVICE	1,774	0	260,125	0	0	10.01
11.00	01100	CAFETERIA	3,977	127,619	61,023	0	7,056	11.00
13.00	01300	NURSING ADMINISTRATION	22,119	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	75,121	0	0	14.00
15.00	01500	PHARMACY	3,282	0	123,359	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,533	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	11,523	0	11,541	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	3,202	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	9,174	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	4,461	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	6,437	0	9,122	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	598	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	26,456	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	6,503	0	0	591	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	2,685	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	5,028	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	141,831	0	0	690	1,713	18.14
18.16	01095	NURSING SCHOOL SPLIT	25,502	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	44,278	0	13,062	11,004	6,101	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,829	0	0	0	6,803	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	507	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	573	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	4,673	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	3,378	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	7,533	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	4,687	0	2,833	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	1,518	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	578	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,239	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	3,228	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,285	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,157	0	416,905	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	3,738	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	15,990	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	6,247	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	24,642	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	6,165	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,813	0	444,673	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,621	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,842	0	19,876	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,637	0	52,108	6,548	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,227	0	202,945	0	0	55.00
56.00	05600	RADIOISOTOPE	1,929	0	0	0	0	56.00
60.00	06000	LABORATORY	86,505	0	80,553	72,565	3,217	60.00
60.01	06002	LABORATORY - HLA	2,981	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,813	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,559	0	8,431	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,259	0	7,616	19,065	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,641	0	0	9,082	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,160	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,711	0	17,733	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,699	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,854	0	15,467	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	947	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	31,345	0	0	62,751	1,203	90.00
91.00	09100	EMERGENCY	11,817	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	585	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	186	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,325,524	800,118	2,641,540	210,091	483,791	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	20,581	11,328	2,880	190.00
190.01	19001	FUND RAISING	0	0	0	0	33,076	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	253,702	0	0	155	33,618	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	13,269	0	0	10,047	2,078	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	45,514	0	0	0	943	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	91,784	0	0	145,093	81,255	192.00
194.00	07950	MEDICAL COLLEGE	49,801	0	0	0	1,621	194.00
194.01	07951	AFFIL CORP ARC VENTURES	268	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	48,811	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,779,862	800,118	2,662,121	425,525	639,262	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III	9,147					2.06
2.07	00207	INTEREST TOWER	0	9,212,369				2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	46,164			2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	172,686,336		4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	2,856	82,623	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	0	275	751,521	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	0	839,097	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	13	36,706	61	771,522	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	162,777	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	17	353,787	316	7,156,372	0	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	909,468	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	130	2,410,436	0	5.09
5.10	00548	RESEARCH SPA	0	0	0	1,627,783	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	396	60,362	56	9,799,082	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	314	135,441	1,614	3,425,352	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	64,592	0	169,167	0	8.00
9.00	00900	HOUSEKEEPING	3	143,227	0	3,778,012	0	9.00
10.00	01000	DIETARY	0	0	0	128,230	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	55,595	0	1,663,857	0	10.01
11.00	01100	CAFETERIA	0	92,717	119	507,945	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	17,598	0	1,703,517	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	344,929	0	0	0	14.00
15.00	01500	PHARMACY	4	37,301	16	2,466,176	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,095,883	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	16	1,760,975	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	523,250	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	58,168	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	264	473,150	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	57	0	180	677,445	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	67,752	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	3,301	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	24,252	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	127	304,851	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	215,253	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	1,029,062	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	305	1,154,612	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	2,571,867	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	776,897	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	9,259,182	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	30	49,398	484	1,716,329	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	705,555	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	55	65,398	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
23.02	02302	PARAMED DIETARY	0	0	0	95,885	0	23.02
23.03	02303	PARAMED SPEECH	0	0	230	276,164	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	177,939	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	48,579	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	130,065	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	34	165,754	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	60,333	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	151,900	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	153,322	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	175,362	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,678,144	0	12,226,803	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	509,845	0	3,015,159	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	524,702	0	3,872,249	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,195,465	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	630,012	0	2,557,692	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,787,030	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,228,988	0	41.00
43.00	04300	NURSERY	0	0	0	460,343	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	50	1,487,110	0	4,345,995	0	50.00
51.00	05100	RECOVERY ROOM	0	435,103	0	1,066,610	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	301,212	0	1,155,481	0	52.00
53.00	05300	ANESTHESIOLOGY	55	108,468	0	138,366	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	737	784,322	2,424	3,212,311	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,532	0	786,728	0	55.00
56.00	05600	RADIOISOTOPE	0	97,385	0	214,705	0	56.00
60.00	06000	LABORATORY	111	268,479	2,798	6,106,031	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	134,965	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	540,812	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	79,866	0	1,250,005	0	65.00
66.00	06600	PHYSICAL THERAPY	0	34,938	0	950,931	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,031	0	630,872	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	400,325	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	119,432	0	748,681	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	43,856	0	245,861	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	147,227	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	42	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	25,424	0	830,287	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,599	0	8,247	3,829,841	0	90.00
91.00	09100	EMERGENCY	0	644,988	0	2,462,942	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	80	0	0	356,406	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	141,880	0	106.00
107.00	10700	LIVER ACQUISITION	25	0	0	219,852	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	34,709	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,491	9,187,502	17,793	118,487,207	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,060	764	310,047	0	190.00
190.01	19001	FUND RAISING	0	0	0	1,076,803	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	401,707	0	190.02
191.00	19100	RESEARCH	11	0	319	6,731,552	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	112	0	734	2,386,246	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	33	0	69	894,801	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,334	1,807	20,426	33,488,657	82,623	192.00
194.00	07950	MEDICAL COLLEGE	66	0	98	4,400,794	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS DEPARTMENT	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
194.01	07951	AFFIL CORP ARC VENTURES	100	0	942	1,330,179	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	5,019	235,758	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	2,655,645	0	194.03
194.04	07954	CON - GNE	0	0	0	286,940	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,147	9,212,369	46,164	172,686,336	82,623	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE	265,591					5.02
5.03	00541	RESEARCH ADMINISTRATION	0	7,025,182				5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	4,875,046			5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	0	0	4,157,381		5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	0	24,827	5.06
5.07	00545	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00548	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	14,084	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	22	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,195	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,694	0	0	0	0	9.00
10.00	01000	DIETARY	187	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	2,561	0	0	0	0	10.01
11.00	01100	CAFETERIA	1,265	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,356	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	713	0	0	0	0	14.00
15.00	01500	PHARMACY	20,526	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,005	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	2,150	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	565	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	114	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	508	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	810	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	130	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	321	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	52	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	168	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	649	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	2,587	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	2,339	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	4,171	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,569	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,299	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,902	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	74	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	105	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	373	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	229	0	0	0	0	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
23.05	02305	PARAMED MEDICAL PHYSICS	5	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	38	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	208	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	82	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	191	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	229	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,399	0	613,619	31,343	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,063	0	147,798	96	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	4,986	0	152,160	720	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	1,517	0	42,605	6,376	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	3,235	0	155,414	1	0	35.02
40.00	04000	SUBPROVIDER - IPF	2,280	0	95,389	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,660	0	65,443	0	0	41.00
43.00	04300	NURSERY	0	0	11,816	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,015	0	677,743	404,033	0	50.00
51.00	05100	RECOVERY ROOM	1,685	0	37,876	44,594	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,536	0	46,088	8,396	0	52.00
53.00	05300	ANESTHESIOLOGY	1,758	0	136,283	100,295	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,949	0	370,405	449,903	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,416	0	20,013	256,424	4	55.00
56.00	05600	RADIOISOTOPE	545	0	12,527	59,470	0	56.00
60.00	06000	LABORATORY	13,180	0	610,155	764,249	0	60.00
60.01	06002	LABORATORY - HLA	233	0	1,693	5,722	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,492	0	155,609	47,274	0	62.00
64.00	06400	INTRAVENOUS THERAPY	12	0	90,669	2,151	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,096	0	77,791	3,523	0	65.00
66.00	06600	PHYSICAL THERAPY	1,249	0	49,912	24,297	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	810	0	39,881	7,911	0	67.00
68.00	06800	SPEECH PATHOLOGY	581	0	10,422	10,580	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,862	0	94,862	108,080	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	351	0	34,054	9,997	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,382	100	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	393,968	157,955	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	561,132	909,934	0	73.00
74.00	07400	RENAL DIALYSIS	828	0	0	11,095	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	31,398	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	1,040	0	47	27,637	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	38	0	2,709	420,485	0	90.00
91.00	09100	EMERGENCY	3,827	0	113,695	284,740	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,542	0	16,103	0	0	105.00
106.00	10600	HEART ACQUISITION	244	0	1,586	0	0	106.00
107.00	10700	LIVER ACQUISITION	409	0	2,027	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	123	0	772	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	188,437	0	4,875,046	4,157,381	4	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	939	0	0	0	0	190.00
190.01	19001	FUND RAISING	1,416	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	480	0	0	0	0	190.02
191.00	19100	RESEARCH	9,126	3,541,815	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,828	1,097,349	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	6,148	2,386,018	0	0	23,048	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,949	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	7,246	0	0	0	1,775	194.00
194.01	07951	AFFIL CORP ARC VENTURES	1,962	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	655	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	405	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
		5.02	5.03	5.04	5.05	5.06	
202.00	TOTAL (sum lines 118-201)	265,591	7,025,182	4,875,046	4,157,381	24,827	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE	57,368,256					5.07
5.08	00546	PERSONNEL DEPARTMENT	0	7,253,718				5.08
5.09	00547	RESEARCH FACULTY	0	0	14,090,076			5.09
5.10	00548	RESEARCH SPA	0	0	0	10,711,856		5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	82,874,135	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	198,501	0	0	70,290,390	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	93,515	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,000	0	0	4,858,016	8.00
9.00	00900	HOUSEKEEPING	0	361,934	0	0	22,977,480	9.00
10.00	01000	DIETARY	0	9,832	0	0	793,944	10.00
10.01	01001	PATIENT FOOD SERVICE	0	145,634	0	0	11,095,306	10.01
11.00	01100	CAFETERIA	0	51,697	0	0	2,643,372	11.00
13.00	01300	NURSING ADMINISTRATION	0	164,327	0	0	9,953,119	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,893,547	14.00
15.00	01500	PHARMACY	0	119,626	0	0	61,801,135	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	55,394	0	0	8,519,953	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	89,071	0	0	9,367,485	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	10,361	0	0	2,434,373	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	1,821	0	0	413,986	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	13,848	0	0	2,195,563	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	23,504	0	0	3,284,072	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	6,510	0	0	677,634	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	66	0	0	757,725	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	982	0	0	147,967	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	9,909	0	0	742,276	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	10,626	0	0	2,800,602	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	35,487	0	0	-882,835	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	118,577	0	0	8,951,509	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	128,796	0	0	13,536,494	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19,752	0	0	796,649	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	-13,336,245	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	709,677	0	0	44,318,955	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	54,941	0	0	10,229,007	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	26,207	0	0	1,251,086	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	1,214	0	0	-307,258	23.01
23.02	02302	PARAMED DIETARY	0	3,299	0	0	-191,671	23.02
23.03	02303	PARAMED SPEECH	0	10,417	0	0	-547,871	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	7,824	0	0	-1,000,452	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	2,792	0	0	263,038	23.05
23.06	02306	PARAMED PASTORAL CARE	0	9,710	0	0	709,115	23.06
23.07	02307	PARAMED TECHNOLOGY	0	8,066	0	0	-715,604	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	2,130	0	0	-231,273	23.08
23.09	02309	PARAMED PHARMACY	0	10,637	0	0	689,155	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	5,650	0	0	-652,828	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	7,007	0	0	-1,147,223	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,398,481	655,376	0	0	77,798,740	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,016,678	145,711	0	0	18,721,423	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,050,241	159,163	0	0	22,567,710	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	329,490	44,558	0	0	7,089,274	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	1,068,494	105,336	0	0	16,739,852	35.02
40.00	04000	SUBPROVIDER - IPF	655,808	90,263	0	0	10,403,630	40.00
41.00	04100	SUBPROVIDER - IRF	449,929	68,745	0	0	7,206,688	41.00
43.00	04300	NURSERY	81,236	18,582	0	0	2,522,639	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,976,019	228,548	0	0	64,153,182	50.00
51.00	05100	RECOVERY ROOM	516,209	52,558	0	0	7,618,110	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	365,023	46,456	0	0	7,633,273	52.00
53.00	05300	ANESTHESIOLOGY	1,512,285	11,090	0	0	5,570,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,127,380	162,065	0	0	34,495,922	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,608,529	37,617	0	0	11,999,516	55.00
56.00	05600	RADIOISOTOPE	427,265	8,894	0	0	2,778,480	56.00
60.00	06000	LABORATORY	8,578,880	335,539	0	0	64,753,595	60.00
60.01	06002	LABORATORY - HLA	44,468	6,566	0	0	1,050,311	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,341,010	33,534	0	0	16,587,236	62.00
64.00	06400	INTRAVENOUS THERAPY	635,700	0	0	0	781,176	64.00
65.00	06500	RESPIRATORY THERAPY	555,030	57,347	0	0	9,766,867	65.00
66.00	06600	PHYSICAL THERAPY	482,529	52,304	0	0	5,756,079	66.00
67.00	06700	OCCUPATIONAL THERAPY	319,562	37,849	0	0	3,753,473	67.00
68.00	06800	SPEECH PATHOLOGY	132,344	23,305	0	0	2,503,762	68.00
69.00	06900	ELECTROCARDIOLOGY	1,272,174	29,849	0	0	8,271,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	291,471	14,709	0	0	1,802,922	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,075	0	0	0	760,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,614,659	0	0	0	56,896,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,082,347	0	0	0	36,841,047	73.00
74.00	07400	RENAL DIALYSIS	63,644	5,462	0	0	993,561	74.00
76.00	03020	RENAL DIALYSIS I/P	215,865	0	0	0	3,136,274	76.00
76.01	03021	PSYCH DAY HOSPITAL	158,855	38,919	0	0	4,830,476	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,430,679	287,252	0	0	37,387,270	90.00
91.00	09100	EMERGENCY	2,415,036	125,849	0	0	19,238,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	110,709	19,145	0	0	6,823,976	105.00
106.00	10600	HEART ACQUISITION	10,904	4,458	0	0	1,090,904	106.00
107.00	10700	LIVER ACQUISITION	13,938	9,247	0	0	1,803,539	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	5,310	1,148	0	0	545,473	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,368,256	5,369,270	0	0	945,021,320	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,182	0	0	4,662,831	190.00
190.01	19001	FUND RAISING	0	52,613	0	0	6,205,532	190.01
190.02	19002	RUSH DAY SCHOOL	0	22,908	0	0	2,297,692	190.02
191.00	19100	RESEARCH	0	382,502	0	8,178,093	66,319,244	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	158,092	0	2,533,763	19,001,281	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	44,778	14,090,076	0	20,620,860	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	876,386	0	0	186,285,822	192.00
194.00	07950	MEDICAL COLLEGE	0	134,125	0	0	26,238,604	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	74,814	0	0	40,357,939	194.01
194.02	07952	AFFIL CORP ROOM 500	0	26,538	0	0	2,849,109	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	90,815	0	0	20,346,528	194.03
194.04	07954	CON - GNE	0	8,695	0	0	1,821,389	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
		5.07	5.08	5.09	5.10	5A.10	
202.00	TOTAL (sum lines 118-201)	57,368,256	7,253,718	14,090,076	10,711,856	1,342,028,151	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	82,874,135					5.11
6.00	00600	MAINTENANCE & REPAIRS	4,557,488	74,847,878				6.00
6.01	00601	RENTED SPACE COSTS	6,063	0	99,578			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	314,984	420,727	0	5,593,727		8.00
9.00	00900	HOUSEKEEPING	1,489,814	1,112,438	0	0	25,579,732	9.00
10.00	01000	DIETARY	51,478	199,531	0	0	69,617	10.00
10.01	01001	PATIENT FOOD SERVICE	719,397	1,045,494	0	0	364,776	10.01
11.00	01100	CAFETERIA	171,391	1,664,822	0	0	580,862	11.00
13.00	01300	NURSING ADMINISTRATION	645,340	540,250	0	0	188,495	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	122,774	1,094,773	0	0	381,970	14.00
15.00	01500	PHARMACY	4,007,062	572,839	0	0	199,865	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	552,417	525,048	0	0	183,191	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	607,369	274,751	0	0	95,861	16.01
18.00	01850	CLINICAL LAB ADMIN MED	157,840	63,365	0	0	22,108	18.00
18.01	01080	CLINICAL LAB ADMIN PED	26,842	181,540	0	0	63,340	18.01
18.02	01081	CLINICAL LAB ADMIN OB	142,356	129,472	0	0	45,173	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	212,933	229,145	0	0	79,949	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	43,936	6,927	0	0	2,417	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	49,129	523,514	0	0	182,656	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	9,594	132,587	0	0	46,260	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	48,128	19,804	0	0	6,910	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	181,585	53,137	0	0	18,540	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	99,487	0	0	34,711	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	580,398	2,878,514	0	0	1,004,323	18.14
18.16	01095	NURSING SCHOOL SPLIT	877,679	504,640	0	0	176,070	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	51,653	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,873,552	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	663,228	1,295,978	0	0	452,171	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	81,118	134,818	0	0	47,039	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	18,642	0	0	6,504	23.01
23.02	02302	PARAMED DIETARY	0	11,343	0	0	3,958	23.02
23.03	02303	PARAMED SPEECH	0	128,310	0	0	44,768	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	66,851	0	0	23,325	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	17,055	25,337	0	0	8,840	23.05
23.06	02306	PARAMED PASTORAL CARE	45,978	102,276	0	0	35,684	23.06
23.07	02307	PARAMED TECHNOLOGY	0	35,332	0	0	12,327	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	11,436	0	0	3,990	23.08
23.09	02309	PARAMED PHARMACY	44,683	7,531	0	0	2,628	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	63,876	0	0	22,287	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	25,430	0	0	8,872	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,044,315	6,579,840	0	1,691,154	2,295,727	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,213,860	1,193,330	0	349,878	416,356	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,463,245	1,302,068	0	467,203	454,295	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	459,654	316,405	0	3,164	110,395	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	1,085,379	1,598,203	0	189,504	557,618	35.02
40.00	04000	SUBPROVIDER - IPF	674,551	1,088,078	0	177,262	379,634	40.00
41.00	04100	SUBPROVIDER - IRF	467,267	939,034	0	195,365	327,632	41.00
43.00	04300	NURSERY	163,563	121,987	0	41,058	42,562	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,159,564	5,722,719	0	1,024,954	1,996,675	50.00
51.00	05100	RECOVERY ROOM	493,943	1,018,391	0	271,501	355,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	494,926	737,085	0	31,932	257,171	52.00
53.00	05300	ANESTHESIOLOGY	361,187	675,673	0	0	235,744	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,236,647	3,635,590	0	312,394	1,268,469	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	778,025	921,322	0	57,491	321,452	55.00
56.00	05600	RADIOISOTOPE	180,151	266,104	0	19,036	92,844	56.00
60.00	06000	LABORATORY	4,198,494	3,648,607	0	172,485	1,273,010	60.00
60.01	06002	LABORATORY - HLA	68,100	58,995	0	0	20,583	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,075,483	372,285	0	0	129,891	62.00
64.00	06400	INTRAVENOUS THERAPY	50,650	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	633,264	325,284	0	0	113,493	65.00
66.00	06600	PHYSICAL THERAPY	373,213	636,483	0	14,906	222,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	243,368	400,550	0	0	139,753	67.00
68.00	06800	SPEECH PATHOLOGY	162,339	356,804	0	0	124,490	68.00
69.00	06900	ELECTROCARDIOLOGY	536,308	491,762	0	2,016	171,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,898	102,648	0	0	35,814	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	49,320	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,689,072	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,388,700	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	64,421	53,416	0	0	18,637	74.00
76.00	03020	RENAL DIALYSIS I/P	203,350	95,303	0	0	33,251	76.00
76.01	03021	PSYCH DAY HOSPITAL	313,198	129,984	0	0	45,352	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,424,116	4,501,450	0	96,570	1,570,570	90.00
91.00	09100	EMERGENCY	1,247,357	1,743,482	0	434,264	608,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	442,453	72,337	0	0	25,239	105.00
106.00	10600	HEART ACQUISITION	70,732	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	116,938	22,687	0	0	7,915	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	35,367	186	0	0	65	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,132,682	53,328,057	0	5,552,137	18,071,398	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	302,329	1,203,418	0	41,590	419,876	190.00
190.01	19001	FUND RAISING	402,354	383,349	0	0	133,752	190.01
190.02	19002	RUSH DAY SCHOOL	148,978	0	0	0	0	190.02
191.00	19100	RESEARCH	4,300,007	5,480,046	99,578	0	1,912,005	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,232,005	572,235	0	0	199,654	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,337,015	957,490	0	0	334,071	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,078,724	10,471,446	0	0	3,653,523	192.00
194.00	07950	MEDICAL COLLEGE	1,701,259	1,119,505	0	0	390,599	194.00
194.01	07951	AFFIL CORP ARC VENTURES	2,616,728	227,657	0	0	79,430	194.01
194.02	07952	AFFIL CORP ROOM 500	184,731	1,104,675	0	0	385,424	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	1,319,228	0	0	0	0	194.03
194.04	07954	CON - GNE	118,095	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	82,874,135	74,847,878	99,578	5,593,727	25,579,732	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,114,570					10.00
10.01	01001	PATIENT FOOD SERVICE	773,400	13,998,373				10.01
11.00	01100	CAFETERIA	341,170	0	5,401,617			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	140,077	11,467,281		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,493,064	14.00
15.00	01500	PHARMACY	0	0	101,973	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	47,219	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	75,927	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	8,832	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	1,552	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	11,805	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	20,035	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	5,550	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	56	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	837	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	8,447	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	9,058	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	30,250	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	101,079	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	109,789	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	16,837	176,320	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	604,952	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	46,834	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	22,340	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,035	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	2,812	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	8,879	0	0	23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	6,669	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	2,380	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	8,277	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	6,876	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	1,815	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	9,068	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	4,816	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	5,973	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,504,688	558,664	5,780,134	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	806,716	124,209	562,942	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	905,341	135,675	1,356,381	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	217,445	37,982	392,533	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	89,792	933,411	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,532,061	76,943	661,938	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,032,122	58,601	603,821	0	41.00
43.00	04300	NURSERY	0	0	15,840	165,878	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	194,822	214,736	0	50.00
51.00	05100	RECOVERY ROOM	0	0	44,802	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	39,600	414,696	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	9,453	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	138,149	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	32,066	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	7,581	0	0	56.00
60.00	06000	LABORATORY	0	0	286,024	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	5,597	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	28,586	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	48,884	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	44,585	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	32,263	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	19,866	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	25,444	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	12,538	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,493,064	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	4,656	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	33,176	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	244,863	0	0	90.00
91.00	09100	EMERGENCY	0	0	107,278	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	16,320	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	3,800	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	7,882	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	978	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,114,570	13,998,373	3,908,968	11,262,790	3,493,064	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10,384	0	0	190.00
190.01	19001	FUND RAISING	0	0	44,849	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	19,527	204,491	0	190.02
191.00	19100	RESEARCH	0	0	326,057	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	134,763	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	38,170	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	747,066	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	114,333	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	27,466	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	22,622	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	7,412	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,114,570	13,998,373	5,401,617	11,467,281	3,493,064	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	66,682,874					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,827,828				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	6,021,510	16,442,903			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	2,686,518		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	687,260	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	390	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	34,064	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	29	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,069,822	0	298,609	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	498,544	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,343	0	513,256	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	143,712	0	300,266	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	524,234	0	4,521	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	321,760	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	220,749	0	0	41.00
43.00	04300	NURSERY	0	0	39,857	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,252	0	2,284,807	0	0	50.00
51.00	05100	RECOVERY ROOM	103	0	127,761	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24	0	155,461	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	459,700	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,351,791	0	1,249,429	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,113	0	67,506	0	0	55.00
56.00	05600	RADIOISOTOPE	999	0	42,256	0	0	56.00
60.00	06000	LABORATORY	651,291	0	2,058,137	461,084	46,566	60.00
60.01	06002	LABORATORY - HLA	0	0	5,712	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	52,992	0	524,892	244,552	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	305,840	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,438	0	262,401	532,912	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	168,361	236,501	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	134,523	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	35,156	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	319,984	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	114,868	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,661	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,328,910	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,134,581	0	1,892,777	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	37,298	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	105,910	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	157	84,898	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	409	0	9,138	33,980	0	90.00
91.00	09100	EMERGENCY	20,822	3,806,318	383,510	1,092,591	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	54,318	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,350	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	6,839	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	2,605	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	65,276,641	9,827,828	16,442,903	2,686,518	687,260	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1,494	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	90,607	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	423,910	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.01	07951	AFFIL CORP ARC VENTURES	890,222	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	66,682,874	9,827,828	16,442,903	2,686,518	687,260	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB	2,524,369					18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	3,826,134				18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	736,464			18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	1,513,080		18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	337,245	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	382,113	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	1,435,535	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,604,295	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	378,240	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	637,108	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	86,501	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	657,622	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	344,822	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	86,608	0	0	0	56.00
60.00	06000	LABORATORY	69,613	251,444	0	1,513,080	223,818	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	416,547	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	85,534	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	113,427	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	252,186	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	67,731	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	186,434	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	43,412	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	90,047	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	11,175	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,524,369	3,826,134	736,464	1,513,080	337,245	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,524,369	3,826,134	736,464	1,513,080	337,245	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	825,565				18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	3,062,922			18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	-718,387		18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	13,516,213	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	5,567,005	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	367,749	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	223,631	23.01

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	206,770	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	827,969	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	769,576	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	625,458	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	231,618	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	549,494	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	724,850	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	2,454,327	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	111,971	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	496,624	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	825,565	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	825,565	3,062,922	0	10,094,120	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	383,723	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	3,038,370	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	-718,387	0	201.00
202.00		TOTAL (sum lines 118-201)	0	825,565	3,062,922	-718,387	13,516,213	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT	20,771,677					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,075,523				19.00
20.00	02000	NURSING SCHOOL	17,327,733	0	3,991,488			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	47,797,459		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	12,687,218	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	3,226,249	9,544,071	2,533,351	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,344,491	356,878	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	2,499,666	663,504	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	702,854	186,563	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	96,765	744,798	197,697	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	215,615	867,231	230,195	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	86,747	410,376	108,929	41.00
43.00	04300	NURSERY	0	0	0	113,364	30,091	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,954,253	784,168	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	340,091	90,273	52.00
53.00	05300	ANESTHESIOLOGY	0	1,075,523	366,112	3,281,874	871,131	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,880,433	1,030,011	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	722,126	191,679	55.00
56.00	05600	RADIOISOTOPE	0	0	0	554,348	147,144	56.00
60.00	06000	LABORATORY	0	0	0	2,571,085	682,461	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	172,313	45,738	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	141,704	37,614	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	294,745	78,236	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	141,704	37,614	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	2,077,953	551,566	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	6,976,391	1,851,793	90.00
91.00	09100	EMERGENCY	0	0	0	1,443,118	383,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	113,364	30,091	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,327,733	1,075,523	3,991,488	41,892,353	11,119,784	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,775,096	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	2,640,236	700,817	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,251,266	863,006	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	13,604	3,611	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	668,848	0	0	0	0	194.04
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,771,677	1,075,523	3,991,488	47,797,459	12,687,218	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,904,150					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	-57,446				23.01
23.02	02302	PARAMED DIETARY	0	0	33,212			23.02
23.03	02303	PARAMED SPEECH	0	0	0	462,055		23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	-134,031	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	309,703	0	22,550	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	72,329	0	1,914	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	88,756	0	2,148	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	27,001	0	516	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	57,583	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	40,589	0	3,635	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	29,550	0	2,449	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	427,633	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	29,990	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,346	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	31,298	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,701	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	43,007	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9,707	0	0	0	0	56.00
60.00	06000	LABORATORY	234,609	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	4,149	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,152	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	216	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	37,305	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	22,233	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,425	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,350	0	0	462,055	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50,948	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,240	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	14,744	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	18,515	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	684	0	0	0	0	90.00
91.00	09100	EMERGENCY	68,128	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	27,453	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	4,341	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	7,275	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,190	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,904,150	0	33,212	462,055	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	-57,446	0	0	-134,031	201.00
202.00	TOTAL (sum lines 118-201)	1,904,150	-57,446	33,212	462,055	-134,031	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	316,650					23.05
23.06	02306	PARAMED PASTORAL CARE	0	901,330				23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	-35,611			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	17,586		23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	753,065	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	146,606	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34,239	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	42,015	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	12,782	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	27,258	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	19,214	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	13,988	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	202,382	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	14,196	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,945	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,816	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	158,325	58,557	0	8,793	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	158,325	20,359	0	8,793	0	55.00
56.00	05600	RADIOISOTOPE	0	4,595	0	0	0	56.00
60.00	06000	LABORATORY	0	111,058	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	1,964	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	29,421	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	102	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,659	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,524	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,828	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,900	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,118	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,954	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	753,065	73.00
74.00	07400	RENAL DIALYSIS	0	6,979	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	8,765	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	324	0	0	0	90.00
91.00	09100	EMERGENCY	0	32,250	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	12,996	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	2,055	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,444	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,037	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	316,650	901,330	0	17,586	753,065	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
		23.05	23.06	23.07	23.08	23.09	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	-35,611	0	0	201.00
202.00	TOTAL (sum lines 118-201)	316,650	901,330	-35,611	17,586	753,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-12,326					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	-382,098				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	127,786,336	-12,077,422	115,708,914	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	25,697,109	-1,701,369	23,995,740	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	32,462,606	-3,163,170	29,299,436	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	10,000,546	-889,417	9,111,129	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	24,282,150	-942,495	23,339,655	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	16,692,336	-1,097,426	15,594,910	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	11,703,318	-519,305	11,184,013	41.00
43.00	04300	NURSERY	0	0	3,256,839	-143,455	3,113,384	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	85,729,442	-3,738,421	81,991,021	50.00
51.00	05100	RECOVERY ROOM	0	0	10,352,357	0	10,352,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	10,871,931	-430,364	10,441,567	52.00
53.00	05300	ANESTHESIOLOGY	0	0	13,039,612	-4,153,005	8,886,607	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	50,605,833	-4,910,444	45,695,389	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	15,681,602	-913,805	14,767,797	55.00
56.00	05600	RADIOISOTOPE	0	0	4,189,853	-701,492	3,488,361	56.00
60.00	06000	LABORATORY	0	0	85,660,788	-3,253,546	82,407,242	60.00
60.01	06002	LABORATORY - HLA	0	0	1,327,382	0	1,327,382	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	19,822,165	-218,051	19,604,114	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,137,984	0	1,137,984	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,924,825	-179,318	11,745,507	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,484,956	0	7,484,956	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,141,730	0	5,141,730	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,765,256	0	3,765,256	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,380,077	-372,981	10,007,096	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,020,447	0	3,020,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,307,709	0	4,307,709	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	61,914,742	0	61,914,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	105,010,170	0	105,010,170	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,373,030	-284,900	1,088,130	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	3,574,088	0	3,574,088	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	8,346,226	-2,629,519	5,716,707	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	55,097,558	-8,828,184	46,269,374	90.00
91.00	09100	EMERGENCY	0	0	30,676,273	-1,826,175	28,850,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	7,804,981	-143,455	7,661,526	105.00
106.00	10600	HEART ACQUISITION	0	0	1,220,594	0	1,220,594	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,066,566	0	2,066,566	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	599,076	0	599,076	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	874,008,493	-53,117,719	820,890,774	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,799,247	0	9,799,247	190.00
190.01	19001	FUND RAISING	0	0	7,169,836	0	7,169,836	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,672,182	0	2,672,182	190.02
191.00	19100	RESEARCH	0	0	78,436,937	0	78,436,937	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	21,139,938	0	21,139,938	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	26,719,266	-3,341,053	23,378,213	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	217,774,763	-4,114,272	213,660,491	192.00
194.00	07950	MEDICAL COLLEGE	0	0	32,619,885	-17,215	32,602,670	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.01	07951	AFFIL CORP ARC VENTURES	0	0	44,199,442	0	44,199,442	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	4,546,561	0	4,546,561	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	21,665,756	0	21,665,756	194.03
194.04	07954	CON - GNE	0	0	2,615,744	0	2,615,744	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	-12,326	-382,098	-1,339,899	0	-1,339,899	201.00
202.00		TOTAL (sum lines 118-201)	-12,326	-382,098	1,342,028,151	-60,590,259	1,281,437,892	202.00

COST ALLOCATION STATISTICS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet Non-CMS W | Date/Time Prepared: 11/21/2014 10:45 am

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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	4,754,746	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	0	5,575	0	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	0	0	17,479	0	191,328	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00548	RESEARCH SPA	0	0	1,976	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	2,517	573,035	24,182	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	292,625	0	349,023	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	21,949	0	8,625	8.00
9.00	00900	HOUSEKEEPING	0	0	91,747	0	263,992	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,329	0	25,836	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	145,336	0	21,701	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	32,864	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	16,373	0	12,209	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	32,064	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	89,747	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	44,674	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	27,030	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	205,983	0	232,209	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	5,364	0	21,701	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	314,643	0	532,000	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	268,049	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	62,552	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	413,101	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	61,729	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	49,026	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	16,232	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54,131	0	217,480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	28,347	0	123,981	55.00
56.00	05600	RADIOISOTOPE	0	0	19,314	0	0	56.00
60.00	06000	LABORATORY	0	0	50,743	0	171,361	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	38,040	0	29,499	65.00
66.00	06600	PHYSICAL THERAPY	0	0	32,629	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	28,441	0	42,929	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	25,901	0	76,327	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	45,252	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	31,074	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	3,693	0	25,600	90.00
91.00	09100	EMERGENCY	0	0	0	0	198,103	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	1,821,053	5,327,781	3,325,562	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	79,854	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	3,411	2,776,996	8,113	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	1,953	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	1,506	0	0	191.02

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		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
			0	1.00	1.01	1.02	1.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	129,598	0	104,014	192.00
194.00	07950	MEDICAL COLLEGE	0	0	67,210	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	2,024,731	8,184,631	3,437,689	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	39,723	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	17,049	0	9,987	0	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	27,544	0	0	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	64,351	2,229	0	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	50,032	0	0	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	16,826	107,418	11,480	38,663	6,727	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	4,718	0	0	5.09
5.10	00548	RESEARCH SPA	8,181	0	0	0	70,267	5.10
5.11	00560	CORPORATE ADMINISTRATION	70,995	31,023	2,023	1,580	111,706	5.11
6.00	00600	MAINTENANCE & REPAIRS	910,175	966,063	58,560	54,272	30,576	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,117	16,879	0	0	0	8.00
9.00	00900	HOUSEKEEPING	9,517	69,978	0	0	609	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	425,244	0	0	0	10.01
11.00	01100	CAFETERIA	31,407	99,758	4,307	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	122,805	0	0	0	14.00
15.00	01500	PHARMACY	0	201,663	573	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	18,867	573	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	9,587	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	50,366	14,913	6,514	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	208,905	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	51,350	0	0	2,011	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	4,609	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	21,204	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	18,384	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	11,058	2,346	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	45,784	21,353	17,561	37,418	2,497	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	2,002	0	0	23.01
23.02	02302	PARAMED DIETARY	4,526	0	0	0	0	23.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
23.03	02303	PARAMED SPEECH	0	0	8,343	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	12,314	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	4,632	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	1,234	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	3,660	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	681,542	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	2,486	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,531	726,936	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	114,683	32,492	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	112,587	85,184	87,926	22,264	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	331,767	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	497,969	131,685	101,528	246,748	0	60.00
60.01	06002	LABORATORY - HLA	23,541	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	148,558	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,783	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,450	0	64,829	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	30,882	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,508	28,990	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	25,284	1,536	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	299,216	213,376	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,460,681	4,318,301	645,564	714,389	222,382	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,644	27,711	38,519	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	537,724	0	11,578	527	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	17,253	0	26,640	34,162	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	121,176	0	2,521	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	195,158	0	741,035	493,374	117,918	192.00
194.00	07950	MEDICAL COLLEGE	51,591	0	3,538	0	2,497	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	34,171	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	182,096	165,975	0	194.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
			1.04	1.05	1.06	1.07	1.08	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,383,583	4,351,945	1,674,854	1,446,946	342,797	202.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	349,456	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	3,087	0	0	13,524	161,892	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	0	6,449	122,050	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	1,749	0	0	122,900	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	2,671	0	0	0	275,170	5.06
5.07	00545	ADMIN & GEN PT SERVICE	16,772	2,241	7,301	298,906	1,972,619	5.07
5.08	00546	PERSONNEL DEPARTMENT	55,280	0	0	626	197,599	5.08
5.09	00547	RESEARCH FACULTY	0	0	0	0	37,407	5.09
5.10	00548	RESEARCH SPA	3,327	0	0	51	172,569	5.10
5.11	00560	CORPORATE ADMINISTRATION	171,031	52,999	97,997	286,999	2,965,416	5.11
6.00	00600	MAINTENANCE & REPAIRS	109,207	41,939	93,652	92,193	4,219,009	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	207,818	8.00
9.00	00900	HOUSEKEEPING	2,762	402	10,116	0	549,490	9.00
10.00	01000	DIETARY	0	0	0	27,406	98,559	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	1,478	0	516,422	10.01
11.00	01100	CAFETERIA	148,664	0	0	11,232	822,340	11.00
13.00	01300	NURSING ADMINISTRATION	17,454	0	16,967	0	266,857	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,615	0	540,764	14.00
15.00	01500	PHARMACY	0	567	0	0	282,954	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,206	0	0	0	259,348	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	1,504	0	135,713	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	31,299	18.00
18.01	01080	CLINICAL LAB ADMIN PED	585	0	0	0	89,672	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	63,953	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	7,611	0	0	130,455	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	951	112,773	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	258,590	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	65,491	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	9,782	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	26,247	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	49,142	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	383,316	0	0	2,727	1,421,844	18.14
18.16	01095	NURSING SCHOOL SPLIT	70,537	0	0	0	249,267	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,098	4,007	5,180	9,712	798,274	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	7,401	0	0	10,830	66,594	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	1,404	0	0	0	9,208	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
23.02	02302	PARAMED DIETARY	0	0	0	0	5,603	23.02
23.03	02303	PARAMED SPEECH	10,579	0	0	0	63,379	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	9,344	0	0	0	33,021	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	12,515	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	50,519	23.06
23.07	02307	PARAMED TECHNOLOGY	4,198	0	0	0	17,452	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	1,599	0	0	0	5,649	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	3,720	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	8,928	0	0	0	31,552	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	3,554	0	0	0	12,561	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	3,314,321	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	589,446	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	9,468	0	0	0	643,157	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	156,288	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	789,433	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	166,019	0	537,457	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	259,631	0	463,836	41.00
43.00	04300	NURSERY	0	0	0	0	60,256	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,019	6,659	0	0	2,826,740	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	503,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	364,084	52.00
53.00	05300	ANESTHESIOLOGY	3,645	7,324	0	0	333,749	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,501	0	0	1,843,818	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	455,087	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	131,442	56.00
60.00	06000	LABORATORY	11,918	14,902	0	5,121	1,901,640	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	29,140	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	183,890	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	160,674	65.00
66.00	06600	PHYSICAL THERAPY	0	0	93,652	0	314,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	663	0	58,755	0	197,852	67.00
68.00	06800	SPEECH PATHOLOGY	2,482	0	4,769	0	176,244	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	242,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	50,703	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	26,385	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	47,075	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	16,453	1,507	247,660	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,258	347,460	55,284	1,916	2,223,494	90.00
91.00	09100	EMERGENCY	0	0	0	0	861,194	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,731	0	0	35,731	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,358	0	0	11,206	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	33	0	0	92	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,156,457	600,483	898,373	770,150	37,617,340	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	235,841	4,585	816,232	190.00
190.01	19001	FUND RAISING	0	0	0	52,654	189,356	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	150,157	190.02
191.00	19100	RESEARCH	66,944	1,503	2,982	53,516	3,070,519	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	10,287	15,009	5,476	3,308	380,824	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	14,920	4,384	2,841	1,501	541,246	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,932	579,085	79,758	129,349	3,577,894	192.00
194.00	07950	MEDICAL COLLEGE	83,319	8,851	13,805	2,580	554,610	194.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
			1.09	1.10	1.11	1.12	1.13	
194.01	07951	AFFIL CORP ARC VENTURES	0	13,342	0	0	112,451	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	545,655	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,345,859	1,222,657	1,239,076	1,017,643	47,556,284	202.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	0	29,534	0	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	5,793	0	0	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	0	0	73,163	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	126,564	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	0	5,318	9,355	705,182	0	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	8,157	0	0	5.09
5.10	00548	RESEARCH SPA	0	0	28,065	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	329,139	10,382	53,677	120,315	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	3,223	125,451	269,966	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	67,741	0	0	128,748	0	8.00
9.00	00900	HOUSEKEEPING	8,479	340	7,943	285,486	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	110,813	0	10.01
11.00	01100	CAFETERIA	0	0	0	184,808	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	35,077	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	687,525	0	14.00
15.00	01500	PHARMACY	0	0	0	74,351	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	184,923	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,319	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	47	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	2,594	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	185	98,461	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	927	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	6,554	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	2,283	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	3,344,943	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	1,016,243	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	1,045,857	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	1,255,765	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,964,165	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	867,265	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	600,387	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	216,203	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,563,342	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	30,960	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	194,111	0	56.00
60.00	06000	LABORATORY	12,601	1,787	0	535,142	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	159,193	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	69,639	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,015	0	67.00
68.00	06800	SPEECH PATHOLOGY	125,679	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	238,056	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	87,415	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	50,676	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	207,310	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	1,285,616	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	467	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	148	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	942,426	39,701	389,858	18,312,888	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	45,964	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,271	92	973,036	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	944	5,416	1,640	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	17,412	1,237	126,392	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	159,558	3,587	0	3,603	0	192.00
194.00	07950	MEDICAL COLLEGE	0	1,597	24,628	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	214	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,121,611	51,844	1,515,554	18,362,455	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	24,299	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	611,610	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	8,140	0	0	0	8,496	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	7,250	0	16,849	0	4,051	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	557	0	39,364	0	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	28,152	0	0	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	30,562	0	65,709	11,370	187,765	5.07
5.08	00546	PERSONNEL DEPARTMENT	19,986	0	0	0	393	5.08
5.09	00547	RESEARCH FACULTY	1,344	0	0	0	0	5.09
5.10	00548	RESEARCH SPA	17,636	0	0	0	32	5.10
5.11	00560	CORPORATE ADMINISTRATION	153,757	60,889	18,977	465	180,287	5.11
6.00	00600	MAINTENANCE & REPAIRS	234,094	0	590,946	15,960	57,913	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	11,866	0	10,325	0	0	8.00
9.00	00900	HOUSEKEEPING	30,036	0	42,806	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	17,216	10.00
10.01	01001	PATIENT FOOD SERVICE	1,774	0	260,125	0	0	10.01
11.00	01100	CAFETERIA	3,977	127,619	61,023	0	7,056	11.00
13.00	01300	NURSING ADMINISTRATION	22,119	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	75,121	0	0	14.00
15.00	01500	PHARMACY	3,282	0	123,359	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,533	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	11,523	0	11,541	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	3,202	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	9,174	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	4,461	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	6,437	0	9,122	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	598	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	26,456	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	6,503	0	0	591	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	2,685	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	5,028	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	141,831	0	0	690	1,713	18.14
18.16	01095	NURSING SCHOOL SPLIT	25,502	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	44,278	0	13,062	11,004	6,101	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,829	0	0	0	6,803	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	507	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	573	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	4,673	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	3,378	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	7,533	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	4,687	0	2,833	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	1,518	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	578	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,239	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	3,228	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,285	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,157	0	416,905	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	3,738	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	15,990	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	6,247	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	24,642	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	6,165	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,813	0	444,673	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,621	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,842	0	19,876	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,637	0	52,108	6,548	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,227	0	202,945	0	0	55.00
56.00	05600	RADIOISOTOPE	1,929	0	0	0	0	56.00
60.00	06000	LABORATORY	86,505	0	80,553	72,565	3,217	60.00
60.01	06002	LABORATORY - HLA	2,981	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,813	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,559	0	8,431	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,259	0	7,616	19,065	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,641	0	0	9,082	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,160	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,711	0	17,733	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,699	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,854	0	15,467	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	947	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	31,345	0	0	62,751	1,203	90.00
91.00	09100	EMERGENCY	11,817	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	585	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	186	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,325,524	800,118	2,641,540	210,091	483,791	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	20,581	11,328	2,880	190.00
190.01	19001	FUND RAISING	0	0	0	0	33,076	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	253,702	0	0	155	33,618	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	13,269	0	0	10,047	2,078	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	45,514	0	0	0	943	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	91,784	0	0	145,093	81,255	192.00
194.00	07950	MEDICAL COLLEGE	49,801	0	0	0	1,621	194.00
194.01	07951	AFFIL CORP ARC VENTURES	268	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	48,811	0	194.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,779,862	800,118	2,662,121	425,525	639,262	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	413,478	413,478	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	7	5.01
5.02	00540	PARKING GARAGE	0	0	0	5,366,356	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	0	275	251,984	1,800	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	0	189,986	2,009	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	13	36,706	61	346,668	1,847	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	482,589	390	5.06
5.07	00545	ADMIN & GEN PT SERVICE	17	353,787	316	4,057,141	17,136	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	273,884	2,178	5.08
5.09	00547	RESEARCH FACULTY	0	0	130	51,756	5,772	5.09
5.10	00548	RESEARCH SPA	0	0	0	302,104	3,898	5.10
5.11	00560	CORPORATE ADMINISTRATION	396	60,362	56	5,380,205	23,464	5.11
6.00	00600	MAINTENANCE & REPAIRS	314	135,441	1,614	8,652,216	8,202	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	64,592	0	541,660	405	8.00
9.00	00900	HOUSEKEEPING	3	143,227	0	1,516,933	9,047	9.00
10.00	01000	DIETARY	0	0	0	143,181	307	10.00
10.01	01001	PATIENT FOOD SERVICE	0	55,595	0	1,399,616	3,984	10.01
11.00	01100	CAFETERIA	0	92,717	119	1,595,027	1,216	11.00
13.00	01300	NURSING ADMINISTRATION	0	17,598	0	543,109	4,079	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	344,929	0	1,780,759	0	14.00
15.00	01500	PHARMACY	4	37,301	16	756,934	5,905	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	478,010	2,624	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	16	215,638	4,217	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	66,565	1,253	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	189,178	139	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	264	122,939	1,133	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	57	0	180	225,702	1,622	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	114,322	162	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	493,951	8	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	125,946	58	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	127	14,518	730	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	50,136	515	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	99,584	2,464	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	305	1,968,424	2,765	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	345,306	6,158	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	1,860	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	22,171	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	30	49,398	484	1,613,079	4,110	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	95,384	1,689	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	55	13,176	157	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
23.02	02302	PARAMED DIETARY	0	0	0	10,702	230	23.02
23.03	02303	PARAMED SPEECH	0	0	230	93,758	661	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	45,743	426	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	32,362	116	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	92,019	311	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	34	24,436	397	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	7,826	144	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	9,619	364	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	43,708	367	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	17,400	420	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,678,144	0	10,345,655	29,278	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	509,845	0	2,115,534	7,220	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	524,702	0	2,229,408	9,272	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	440,327	2,863	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	630,012	0	2,744,009	6,124	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,141,219	4,279	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	723,467	2,943	41.00
43.00	04300	NURSERY	0	0	0	128,150	1,102	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	50	1,487,110	0	8,651,722	10,407	50.00
51.00	05100	RECOVERY ROOM	0	435,103	0	1,805,403	2,554	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	301,212	0	1,283,536	2,767	52.00
53.00	05300	ANESTHESIOLOGY	55	108,468	0	852,337	331	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	737	784,322	2,424	4,964,009	7,692	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,532	0	1,198,846	1,884	55.00
56.00	05600	RADIOISOTOPE	0	97,385	0	444,181	514	56.00
60.00	06000	LABORATORY	111	268,479	2,798	4,197,373	14,621	60.00
60.01	06002	LABORATORY - HLA	0	0	0	55,662	323	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	351,261	1,295	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	79,866	0	495,045	2,993	65.00
66.00	06600	PHYSICAL THERAPY	0	34,938	0	652,468	2,277	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,031	0	395,291	1,511	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	326,334	959	68.00
69.00	06900	ELECTROCARDIOLOGY	0	119,432	0	761,564	1,793	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	43,856	0	181,974	589	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	74,336	353	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	42	122,332	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	25,424	0	342,667	1,988	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,599	0	8,247	3,490,752	9,171	90.00
91.00	09100	EMERGENCY	0	644,988	0	3,001,718	5,898	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	80	0	0	47,594	853	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	340	106.00
107.00	10700	LIVER ACQUISITION	25	0	0	14,923	526	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	125	83	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,491	9,187,502	17,793	94,234,239	283,720	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,060	764	1,340,963	742	190.00
190.01	19001	FUND RAISING	0	0	0	275,086	2,578	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	150,157	962	190.02
191.00	19100	RESEARCH	11	0	319	7,796,017	16,119	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	112	0	734	529,152	5,714	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	33	0	69	881,695	2,143	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,334	1,807	20,426	6,672,562	80,166	192.00
194.00	07950	MEDICAL COLLEGE	66	0	98	865,812	10,538	194.00

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		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
194.01	07951	AFFIL CORP ARC VENTURES	100	0	942	161,488	3,185	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	5,019	947,556	565	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	6,359	194.03
194.04	07954	CON - GNE	0	0	0	0	687	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,147	9,212,369	46,164	113,854,727	413,478	202.00

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		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT	7					5.01
5.02	00540	PARKING GARAGE	0	265,591				5.02
5.03	00541	RESEARCH ADMINISTRATION	0	0	253,784			5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	0	191,995		5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	0	0	0	348,515	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00548	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	14,084	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	22	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,195	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	4,694	0	0	0	9.00
10.00	01000	DIETARY	0	187	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	2,561	0	0	0	10.01
11.00	01100	CAFETERIA	0	1,265	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,356	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	713	0	0	0	14.00
15.00	01500	PHARMACY	0	20,526	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,005	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	2,150	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	565	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	114	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	508	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	810	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	130	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	321	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	52	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	168	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	649	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	2,587	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	2,339	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	4,171	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,569	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,299	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	1,902	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	74	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	105	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	373	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	229	0	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
23.05	02305	PARAMED MEDICAL PHYSICS	0	5	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	38	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	208	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	82	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	191	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	229	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	17,399	0	24,266	2,632	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,063	0	5,845	8	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	4,986	0	6,017	60	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	1,517	0	1,685	535	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	3,235	0	6,146	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	2,280	0	3,772	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,660	0	2,588	0	41.00
43.00	04300	NURSERY	0	0	0	467	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	24,015	0	26,009	33,922	50.00
51.00	05100	RECOVERY ROOM	0	1,685	0	1,498	3,744	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,536	0	1,823	705	52.00
53.00	05300	ANESTHESIOLOGY	0	1,758	0	5,389	8,421	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,949	0	14,648	37,774	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,416	0	791	21,529	55.00
56.00	05600	RADIOISOTOPE	0	545	0	495	4,993	56.00
60.00	06000	LABORATORY	0	13,180	0	24,129	64,166	60.00
60.01	06002	LABORATORY - HLA	0	233	0	67	480	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,492	0	6,154	3,969	62.00
64.00	06400	INTRAVENOUS THERAPY	0	12	0	3,586	181	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,096	0	3,076	296	65.00
66.00	06600	PHYSICAL THERAPY	0	1,249	0	1,974	2,040	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	810	0	1,577	664	67.00
68.00	06800	SPEECH PATHOLOGY	0	581	0	412	888	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,862	0	3,751	9,074	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	351	0	1,347	839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	55	8	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,580	13,262	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,190	75,862	73.00
74.00	07400	RENAL DIALYSIS	0	828	0	0	932	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	1,242	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	1,040	0	2	2,320	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	38	0	107	35,304	90.00
91.00	09100	EMERGENCY	0	3,827	0	4,496	23,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,542	0	637	0	105.00
106.00	10600	HEART ACQUISITION	0	244	0	63	0	106.00
107.00	10700	LIVER ACQUISITION	0	409	0	80	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	123	0	31	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	188,437	0	191,995	348,515	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	939	0	0	0	190.00
190.01	19001	FUND RAISING	0	1,416	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	480	0	0	0	190.02
191.00	19100	RESEARCH	0	9,126	127,968	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	2,828	39,635	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	6,148	86,181	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7	45,949	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	7,246	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	1,962	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	655	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	405	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	5,100,765	0	0	0	201.00

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	Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
		5.01	5.02	5.03	5.04	5.05	
202.00	TOTAL (sum lines 118-201)	7	5,366,356	253,784	191,995	348,515	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	18,580					5.06
5.07	00545	ADMIN & GEN PT SERVICE	0	4,074,277				5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	276,062			5.08
5.09	00547	RESEARCH FACULTY	0	0	0	57,528		5.09
5.10	00548	RESEARCH SPA	0	0	0	0	306,002	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	7,555	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	609	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	13,774	0	0	9.00
10.00	01000	DIETARY	0	0	374	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	5,543	0	0	10.01
11.00	01100	CAFETERIA	0	0	1,967	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,254	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	4,553	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,108	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	3,390	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	394	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	69	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	527	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	895	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	248	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	3	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	37	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	377	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	404	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	1,351	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	4,513	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	4,902	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	752	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	27,009	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,091	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	997	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	46	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	126	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	396	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	298	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	106	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	370	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	307	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	81	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	405	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	215	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	267	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	312,370	24,942	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	72,202	5,545	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	74,586	6,057	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	23,400	1,696	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	75,882	4,009	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	46,574	3,435	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	31,953	2,616	0	0	41.00
43.00	04300	NURSERY	0	5,769	707	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	495,421	8,698	0	0	50.00
51.00	05100	RECOVERY ROOM	0	36,660	2,000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,923	1,768	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	107,399	422	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	364,135	6,168	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3	114,234	1,432	0	0	55.00
56.00	05600	RADIOISOTOPE	0	30,343	338	0	0	56.00
60.00	06000	LABORATORY	0	609,252	12,770	0	0	60.00
60.01	06002	LABORATORY - HLA	0	3,158	250	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	95,235	1,276	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	45,146	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	39,417	2,183	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	34,268	1,991	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,695	1,440	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,399	887	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	90,347	1,136	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,700	560	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	715	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	256,705	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	645,123	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,520	208	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	15,330	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	11,282	1,481	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	172,621	10,932	0	0	90.00
91.00	09100	EMERGENCY	0	171,510	4,790	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	7,862	729	0	0	105.00
106.00	10600	HEART ACQUISITION	0	774	170	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	990	352	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	377	44	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3	4,074,277	204,345	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	464	0	0	190.00
190.01	19001	FUND RAISING	0	0	2,002	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	872	0	0	190.02
191.00	19100	RESEARCH	0	0	14,557	0	233,616	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	6,017	0	72,386	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	17,249	0	1,704	57,528	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	33,352	0	0	192.00
194.00	07950	MEDICAL COLLEGE	1,328	0	5,105	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,847	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	1,010	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	3,456	0	0	194.03
194.04	07954	CON - GNE	0	0	331	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	464,399	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
		5.06	5.07	5.08	5.09	5.10	
202.00	TOTAL (sum lines 118-201)	482,979	4,074,277	276,062	57,528	306,002	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	5,403,669					5.11
6.00	00600	MAINTENANCE & REPAIRS	297,188	8,979,245				6.00
6.01	00601	RENTED SPACE COSTS	395	0	417			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	20,540	50,473	0	614,882		8.00
9.00	00900	HOUSEKEEPING	97,149	133,455	0	0	1,775,052	9.00
10.00	01000	DIETARY	3,357	23,937	0	0	4,831	10.00
10.01	01001	PATIENT FOOD SERVICE	46,911	125,424	0	0	25,313	10.01
11.00	01100	CAFETERIA	11,176	199,723	0	0	40,308	11.00
13.00	01300	NURSING ADMINISTRATION	42,082	64,812	0	0	13,080	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,006	131,336	0	0	26,506	14.00
15.00	01500	PHARMACY	261,295	68,722	0	0	13,869	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,022	62,988	0	0	12,712	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	39,606	32,961	0	0	6,652	16.01
18.00	01850	CLINICAL LAB ADMIN MED	10,293	7,602	0	0	1,534	18.00
18.01	01080	CLINICAL LAB ADMIN PED	1,750	21,779	0	0	4,395	18.01
18.02	01081	CLINICAL LAB ADMIN OB	9,283	15,532	0	0	3,135	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	13,885	27,490	0	0	5,548	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	2,865	831	0	0	168	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	3,204	62,804	0	0	12,675	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	626	15,906	0	0	3,210	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	3,138	2,376	0	0	479	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	11,841	6,375	0	0	1,287	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	11,935	0	0	2,409	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	37,847	345,326	0	0	69,693	18.14
18.16	01095	NURSING SCHOOL SPLIT	57,232	60,540	0	0	12,218	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	3,368	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	187,381	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	43,248	155,474	0	0	31,377	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	5,290	16,174	0	0	3,264	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	2,236	0	0	451	23.01
23.02	02302	PARAMED DIETARY	0	1,361	0	0	275	23.02
23.03	02303	PARAMED SPEECH	0	15,393	0	0	3,107	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	8,020	0	0	1,619	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	1,112	3,040	0	0	613	23.05
23.06	02306	PARAMED PASTORAL CARE	2,998	12,270	0	0	2,476	23.06
23.07	02307	PARAMED TECHNOLOGY	0	4,239	0	0	855	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	1,372	0	0	277	23.08
23.09	02309	PARAMED PHARMACY	2,914	903	0	0	182	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	7,663	0	0	1,547	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	3,051	0	0	616	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	328,933	789,361	0	185,897	159,307	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	79,154	143,160	0	38,460	28,892	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	95,416	156,205	0	51,357	31,525	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	29,973	37,958	0	348	7,661	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	70,776	191,731	0	20,831	38,695	35.02
40.00	04000	SUBPROVIDER - IPF	43,987	130,533	0	19,485	26,344	40.00
41.00	04100	SUBPROVIDER - IRF	30,470	112,653	0	21,475	22,735	41.00
43.00	04300	NURSERY	10,666	14,634	0	4,513	2,953	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	271,240	686,535	0	112,667	138,555	50.00
51.00	05100	RECOVERY ROOM	32,209	122,173	0	29,844	24,657	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,273	88,426	0	3,510	17,846	52.00
53.00	05300	ANESTHESIOLOGY	23,552	81,058	0	0	16,359	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,849	436,149	0	34,339	88,023	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	50,734	110,528	0	6,320	22,306	55.00
56.00	05600	RADIOISOTOPE	11,747	31,924	0	2,092	6,443	56.00
60.00	06000	LABORATORY	273,778	437,711	0	18,960	88,338	60.00
60.01	06002	LABORATORY - HLA	4,441	7,077	0	0	1,428	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	70,131	44,662	0	0	9,014	62.00
64.00	06400	INTRAVENOUS THERAPY	3,303	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	41,294	39,023	0	0	7,876	65.00
66.00	06600	PHYSICAL THERAPY	24,337	76,357	0	1,639	15,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,870	48,053	0	0	9,698	67.00
68.00	06800	SPEECH PATHOLOGY	10,586	42,805	0	0	8,639	68.00
69.00	06900	ELECTROCARDIOLOGY	34,972	58,995	0	222	11,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,623	12,314	0	0	2,485	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,216	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	240,560	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	155,764	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,201	6,408	0	0	1,293	74.00
76.00	03020	RENAL DIALYSIS I/P	13,260	11,433	0	0	2,307	76.00
76.01	03021	PSYCH DAY HOSPITAL	20,423	15,594	0	0	3,147	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	158,073	540,024	0	10,615	108,986	90.00
91.00	09100	EMERGENCY	81,339	209,160	0	47,736	42,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	28,852	8,678	0	0	1,751	105.00
106.00	10600	HEART ACQUISITION	4,612	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	7,625	2,722	0	0	549	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,306	22	0	0	5	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,725,547	6,397,589	0	610,310	1,254,026	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,714	144,370	0	4,572	29,136	190.00
190.01	19001	FUND RAISING	26,237	45,989	0	0	9,281	190.01
190.02	19002	RUSH DAY SCHOOL	9,715	0	0	0	0	190.02
191.00	19100	RESEARCH	280,398	657,422	417	0	132,680	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	80,337	68,649	0	0	13,855	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	87,185	114,867	0	0	23,182	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	787,194	1,256,221	0	0	253,529	192.00
194.00	07950	MEDICAL COLLEGE	110,937	134,303	0	0	27,105	194.00
194.01	07951	AFFIL CORP ARC VENTURES	170,633	27,311	0	0	5,512	194.01
194.02	07952	AFFIL CORP ROOM 500	12,046	132,524	0	0	26,746	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	86,025	0	0	0	0	194.03
194.04	07954	CON - GNE	7,701	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.11	6.00	6.01	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	5,403,669	8,979,245	417	614,882	1,775,052	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	176,174					10.00
10.01	01001	PATIENT FOOD SERVICE	122,247	1,731,599				10.01
11.00	01100	CAFETERIA	53,927	0	1,904,609			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	49,391	725,163		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,947,320	14.00
15.00	01500	PHARMACY	0	0	35,956	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16,649	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	26,772	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	3,114	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	547	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	4,162	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	7,064	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	1,957	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	20	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	295	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	2,978	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	3,194	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	10,666	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	35,641	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	38,712	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	5,937	11,150	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	213,306	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	16,514	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	7,877	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	365	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	992	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	3,131	0	0	23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	2,351	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	839	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	2,919	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	2,424	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	640	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	3,197	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	1,698	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	2,106	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,175,729	196,985	365,522	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	99,791	43,796	35,599	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	111,991	47,839	85,774	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	26,898	13,393	24,823	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	31,661	59,027	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	189,516	27,130	41,859	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	127,674	20,663	38,184	0	41.00
43.00	04300	NURSERY	0	0	5,585	10,490	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	68,694	13,579	0	50.00
51.00	05100	RECOVERY ROOM	0	0	15,797	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	13,963	26,224	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,333	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	48,711	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	11,306	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,673	0	0	56.00
60.00	06000	LABORATORY	0	0	100,852	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	1,973	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	10,079	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	17,237	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	15,721	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	11,376	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	7,005	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,971	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,421	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,947,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,642	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	11,698	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	86,339	0	0	90.00
91.00	09100	EMERGENCY	0	0	37,826	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	5,754	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	1,340	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,779	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	345	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	176,174	1,731,599	1,378,301	712,231	1,947,320	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,662	0	0	190.00
190.01	19001	FUND RAISING	0	0	15,814	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	6,885	12,932	0	190.02
191.00	19100	RESEARCH	0	0	114,968	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	47,517	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	13,459	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	263,414	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	40,314	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	9,685	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	7,976	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	2,614	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	176,174	1,731,599	1,904,609	725,163	1,947,320	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,167,760					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	613,118				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	375,657	707,043			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	91,320		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	217,971	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	7	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	597	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	1	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	88,895	0	94,707	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	21,412	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	24	0	22,043	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	6,172	0	95,232	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	22,515	0	1,434	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	13,819	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	9,481	0	0	41.00
43.00	04300	NURSERY	0	0	1,712	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	92	0	98,975	0	0	50.00
51.00	05100	RECOVERY ROOM	2	0	5,487	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,677	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	19,743	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,673	0	53,661	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	265	0	2,899	0	0	55.00
56.00	05600	RADIOISOTOPE	17	0	1,815	0	0	56.00
60.00	06000	LABORATORY	11,406	0	88,394	15,673	14,769	60.00
60.01	06002	LABORATORY - HLA	0	0	245	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	928	0	22,543	8,313	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	13,135	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	130	0	11,270	18,115	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,231	8,039	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,778	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,510	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	13,743	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,933	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	200	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	57,075	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,105,619	0	81,292	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	11,829	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	4,549	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	7	2,886	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7	0	392	1,155	0	90.00
91.00	09100	EMERGENCY	365	237,461	16,471	37,139	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,333	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	230	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	294	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	112	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,143,133	613,118	707,043	91,320	217,971	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	26	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,587	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,424	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		
						CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.01	07951	AFFIL CORP ARC VENTURES	15,590	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,167,760	613,118	707,043	91,320	217,971	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB	157,219					18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	283,016				18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	120,683			18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	572,986		18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	144,729	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,798	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	89,406	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	118,669	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	27,978	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,679	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,398	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48,644	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25,506	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	6,406	0	0	0	56.00
60.00	06000	LABORATORY	4,336	18,599	0	572,986	96,052	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	68,259	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,327	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	48,677	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	41,325	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	11,099	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	13,790	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	3,211	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	6,661	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	827	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	157,219	283,016	120,683	572,986	144,729	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	1,401	201.00
202.00		TOTAL (sum lines 118-201)	157,219	283,016	120,683	572,986	146,130	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0					18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	24,764				18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	74,401			18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	130,996		18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	2,466,555	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	1,015,915	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	67,110	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	40,810	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	37,733	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	151,095	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	140,439	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	114,139	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	42,268	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	100,276	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	132,277	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	59,618	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	2,720	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	12,063	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,764	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	24,764	74,401	0	1,842,062	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	70,025	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	554,468	194.00

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		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	130,996	0	201.00
202.00		TOTAL (sum lines 118-201)	0	24,764	74,401	130,996	2,466,555	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT	1,545,154					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	23,664				19.00
20.00	02000	NURSING SCHOOL	1,288,967		296,919			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			461,436		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				1,868,192	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01
23.02	02302	PARAMED DIETARY	0					23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0					35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0					35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
60.00	06000	LABORATORY	0					60.00
60.01	06002	LABORATORY - HLA	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03020	RENAL DIALYSIS I/P	0					76.00
76.01	03021	PSYCH DAY HOSPITAL	0					76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0					93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0					98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0					112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,288,967	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	206,433					190.00
190.01	19001	FUND RAISING	0					190.01
190.02	19002	RUSH DAY SCHOOL	0					190.02
191.00	19100	RESEARCH	0					191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0					191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00	07950	MEDICAL COLLEGE	0					194.00
194.01	07951	AFFIL CORP ARC VENTURES	0					194.01
194.02	07952	AFFIL CORP ROOM 500	0					194.02

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		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0					194.03
194.04	07954	CON - GNE	49,754					194.04
200.00		Cross Foot Adjustments		23,664	296,919	461,436	1,868,192	200.00
201.00		Negative Cost Centers	0	0	992,048	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,545,154	23,664	1,288,967	461,436	1,868,192	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	199,687					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		57,315				23.01
23.02	02302	PARAMED DIETARY			5,110			23.02
23.03	02303	PARAMED SPEECH				89,017		23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY					199,125	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03021	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
194.04	07954	CON - GNE						194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
200.00	Cross Foot Adjustments	199,687	0	5,110	89,017	0	200.00
201.00	Negative Cost Centers	0	57,315	46,414	178,897	199,125	201.00
202.00	TOTAL (sum lines 118-201)	199,687	57,315	51,524	267,914	199,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	38,193					23.05
23.06	02306	PARAMED PASTORAL CARE		113,401				23.06
23.07	02307	PARAMED TECHNOLOGY			147,005			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				2,903		23.08
23.09	02309	PARAMED PHARMACY					17,584	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
60.01	06002	LABORATORY - HLA						60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03021	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
194.04	07954	CON - GNE						194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
		23.05	23.06	23.07	23.08	23.09	
200.00	Cross Foot Adjustments	38,193	113,401	0	2,903	17,584	200.00
201.00	Negative Cost Centers	0	0	147,005	49,787	0	201.00
202.00	TOTAL (sum lines 118-201)	38,193	113,401	147,005	52,690	17,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	155,666					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		156,366				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			14,165,676	0	14,165,676	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			2,700,681	0	2,700,681	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			2,932,560	0	2,932,560	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT			714,481	0	714,481	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT			3,365,481	0	3,365,481	35.02
40.00	04000	SUBPROVIDER - IPF			1,694,232	0	1,694,232	40.00
41.00	04100	SUBPROVIDER - IRF			1,148,562	0	1,148,562	41.00
43.00	04300	NURSERY			186,748	0	186,748	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			10,759,200	0	10,759,200	50.00
51.00	05100	RECOVERY ROOM			2,111,691	0	2,111,691	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,546,656	0	1,546,656	52.00
53.00	05300	ANESTHESIOLOGY			1,126,500	0	1,126,500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			6,280,424	0	6,280,424	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,570,999	0	1,570,999	55.00
56.00	05600	RADIOISOTOPE			544,526	0	544,526	56.00
60.00	06000	LABORATORY			6,736,963	0	6,736,963	60.00
60.01	06002	LABORATORY - HLA			78,057	0	78,057	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			640,415	0	640,415	62.00
64.00	06400	INTRAVENOUS THERAPY			65,363	0	65,363	64.00
65.00	06500	RESPIRATORY THERAPY			680,051	0	680,051	65.00
66.00	06600	PHYSICAL THERAPY			845,001	0	845,001	66.00
67.00	06700	OCCUPATIONAL THERAPY			583,022	0	583,022	67.00
68.00	06800	SPEECH PATHOLOGY			416,332	0	416,332	68.00
69.00	06900	ELECTROCARDIOLOGY			1,048,013	0	1,048,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			262,900	0	262,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,951,514	0	1,951,514	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			583,182	0	583,182	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,085,850	0	2,085,850	73.00
74.00	07400	RENAL DIALYSIS			106,550	0	106,550	74.00
76.00	03020	RENAL DIALYSIS I/P			170,453	0	170,453	76.00
76.01	03021	PSYCH DAY HOSPITAL			455,860	0	455,860	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			4,624,516	0	4,624,516	90.00
91.00	09100	EMERGENCY			3,936,954	0	3,936,954	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH			0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION			120,375	0	120,375	105.00
106.00	10600	HEART ACQUISITION			10,984	0	10,984	106.00
107.00	10700	LIVER ACQUISITION			37,910	0	37,910	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			4,400	0	4,400	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	76,293,082	0	76,293,082	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,821,020	0	1,821,020	190.00
190.01	19001	FUND RAISING			378,403	0	378,403	190.01
190.02	19002	RUSH DAY SCHOOL			182,029	0	182,029	190.02
191.00	19100	RESEARCH			9,383,288	0	9,383,288	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY			866,090	0	866,090	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH			1,292,928	0	1,292,928	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES			9,399,818	0	9,399,818	192.00
194.00	07950	MEDICAL COLLEGE			1,757,156	0	1,757,156	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.01	07951	AFFIL CORP ARC VENTURES			398,213	0	398,213	194.01
194.02	07952	AFFIL CORP ROOM 500			1,129,078	0	1,129,078	194.02
194.03	07953	AFFIL CORP JOINT VENTURES			95,840	0	95,840	194.03
194.04	07954	CON - GNE			61,492	0	61,492	194.04
200.00		Cross Foot Adjustments	0	0	3,116,106	0	3,116,106	200.00
201.00		Negative Cost Centers	155,666	156,366	7,680,184	0	7,680,184	201.00
202.00		TOTAL (sum lines 118-201)	155,666	156,366	113,854,727	0	113,854,727	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	0	86,068				1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	0	8,184,631			1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	0	0	87,286		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	0	0	0	182,392	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	4,754,746	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	0	0	0	919	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	237	0	0	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	0	2,697	5.06
5.07	00545	ADMIN & GEN PT SERVICE	0	743	0	4,858	907	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00548	RESEARCH SPA	0	84	0	0	441	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	107	573,035	614	3,827	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	12,439	0	8,862	49,063	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	933	0	219	168	8.00
9.00	00900	HOUSEKEEPING	0	3,900	0	6,703	513	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	99	0	656	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	1,693	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,178	0	551	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	1,397	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	696	0	310	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	1,363	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	3,815	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	1,899	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	2,715	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	11,261	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	2,768	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,143	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	1,149	0	0	991	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,756	0	5,896	2,468	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	244	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	228	0	551	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	13,375	0	13,508	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	134	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	2,659	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	10,489	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	2,624	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,084	0	0	2,077	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	690	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	6,182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,301	0	5,522	6,069	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,205	0	3,148	0	55.00
56.00	05600	RADIOISOTOPE	0	821	0	0	0	56.00
60.00	06000	LABORATORY	0	2,157	0	4,351	26,843	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,269	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	8,008	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,617	0	749	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,387	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,209	0	1,090	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,101	0	1,938	243	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,149	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	789	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	157	0	650	0	90.00
91.00	09100	EMERGENCY	0	0	0	5,030	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	77,410	5,327,781	84,439	132,643	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	79,854	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	145	2,776,996	206	28,986	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	83	0	0	930	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	64	0	0	6,532	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
			1.00	1.01	1.02	1.03	1.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,509	0	2,641	10,520	192.00
194.00	07950	MEDICAL COLLEGE	0	2,857	0	0	2,781	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,024,731	8,184,631	3,437,689	3,383,583	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	23.524783	1.000000	39.384197	18.551159	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV	192,604					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	154,787				1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	60,441			1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	21,963		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	207,115	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,758	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	923	0	0	475	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	1,219	0	0	0	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	2,848	206	0	0	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	0	411	5.06
5.07	00545	ADMIN & GEN PT SERVICE	4,754	1,061	1,615	431	2,581	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	8,507	5.08
5.09	00547	RESEARCH FACULTY	0	436	0	0	0	5.09
5.10	00548	RESEARCH SPA	0	0	0	4,502	512	5.10
5.11	00560	CORPORATE ADMINISTRATION	1,373	187	66	7,157	26,320	5.11
6.00	00600	MAINTENANCE & REPAIRS	42,755	5,412	2,267	1,959	16,806	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	747	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,097	0	0	39	425	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	18,820	0	0	0	0	10.01
11.00	01100	CAFETERIA	4,415	398	0	0	22,878	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,435	0	0	0	0	14.00
15.00	01500	PHARMACY	8,925	53	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,109	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	835	53	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	90	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	886	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	660	602	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	84	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	426	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	1,022	98	0	58,989	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	10,855	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	945	1,623	1,563	160	1,554	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	1,139	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	185	0	0	216	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	771	0	0	1,628	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,438	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	205	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	114	0	0	646	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	246	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	1,374	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	547	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,163	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	1,457	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,172	0	0	0	11,083	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,438	0	0	0	561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,770	8,126	930	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,683	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	5,828	9,383	10,307	0	1,834	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	610	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	551	0	2,708	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,290	0	102	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	382	68.00
69.00	06900	ELECTROCARDIOLOGY	1,283	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,119	142	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	27,653	8,913	0	1,117	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	191,115	59,662	29,841	14,248	177,968	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,489	2,561	1,609	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
			1.05	1.06	1.07	1.08	1.09	
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	1,070	22	0	10,302	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	2,462	1,427	0	1,583	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	233	0	0	2,296	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	68,485	20,609	7,555	2,144	192.00
194.00	07950	MEDICAL COLLEGE	0	327	0	160	12,822	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,158	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	16,829	6,933	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,351,945	1,674,854	1,446,946	342,797	1,345,859	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.595299	10.820379	23.939809	15.607932	6.498124	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III	148,914					1.10
1.11	00111	DEPRECIATION JRB	0	96,398				1.11
1.12	00112	DEPRECIATION TOB	0	0	159,370			1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	2,070,966		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	61,775	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	15,218	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	0	2,118	7,050	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	1,010	5,315	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	213	0	0	5,352	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	11,983	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	273	568	46,811	85,903	0	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	98	8,605	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	0	1,629	0	5.09
5.10	00548	RESEARCH SPA	0	0	8	7,515	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	6,455	7,624	44,946	129,137	18,128	5.11
6.00	00600	MAINTENANCE & REPAIRS	5,108	7,286	14,438	183,728	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	9,050	3,731	8.00
9.00	00900	HOUSEKEEPING	49	787	0	23,929	467	9.00
10.00	01000	DIETARY	0	0	4,292	4,292	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	115	0	22,489	0	10.01
11.00	01100	CAFETERIA	0	0	1,759	35,811	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,320	0	11,621	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	748	0	23,549	0	14.00
15.00	01500	PHARMACY	69	0	0	12,322	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	11,294	10,185	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	117	0	5,910	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	1,363	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	3,905	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	2,785	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	927	0	0	5,681	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	149	4,911	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	11,261	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	2,852	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	426	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	1,143	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	2,140	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	427	61,918	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	10,855	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	488	403	1,521	34,763	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,696	2,900	0	23.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	401	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	244	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	2,760	361	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	1,438	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	2,200	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	760	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	246	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	1,374	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	547	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	144,331	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	25,669	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	28,008	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	34,378	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	12,916	0	23,405	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	20,199	0	20,199	0	41.00
43.00	04300	NURSERY	0	0	0	2,624	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	811	0	0	123,098	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,906	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,855	0	52.00
53.00	05300	ANESTHESIOLOGY	892	0	0	14,534	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,997	0	0	80,294	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,818	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,724	0	56.00
60.00	06000	LABORATORY	1,815	0	802	82,812	694	60.00
60.01	06002	LABORATORY - HLA	0	0	0	1,269	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8,008	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,997	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,286	0	13,691	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,571	0	8,616	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	371	0	7,675	6,922	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,578	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,208	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,149	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	2,050	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	1,280	236	10,785	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	42,319	4,301	300	96,828	11,418	90.00
91.00	09100	EMERGENCY	0	0	0	37,503	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,307	0	0	1,556	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	409	0	0	488	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,136	69,892	120,611	1,638,148	51,906	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,348	718	35,545	0	190.00
190.01	19001	FUND RAISING	0	0	8,246	8,246	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	6,539	0	190.02
191.00	19100	RESEARCH	183	232	8,381	133,714	70	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,828	426	518	16,584	52	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	534	221	235	23,570	959	191.02

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
			1.10	1.11	1.12	1.13	1.14	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70,530	6,205	20,257	155,809	8,788	192.00
194.00	07950	MEDICAL COLLEGE	1,078	1,074	404	24,152	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	1,625	0	0	4,897	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	23,762	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,222,657	1,239,076	1,017,643	47,556,284	1,121,611	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.210491	12.853752	6.385411	22.963334	18.156390	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON	27,618					1.15
1.16	00116	DEPRECIATION COHN	0	106,275				1.16
1.17	00117	DEPRECIATION TOWER	0	0	463,812			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP				0		2.00
2.01	00201	INTEREST GENERAL				0	757,604	2.01
2.02	00202	INTEREST DIRECT BLDG				0	0	2.02
2.03	00203	INTEREST ATRUM PAV				0	0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH				0	0	2.04
2.05	00205	INTEREST TOB				0	0	2.05
2.06	00206	INTEREST PRO BLDG III				0	0	2.06
2.07	00207	INTEREST TOWER				0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH				0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	2,071	0	0	3,465	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	3,086	0	0	0	3,086	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	0	1,848	0	237	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	8,875	0	0	11,983	5.06
5.07	00545	ADMIN & GEN PT SERVICE	2,833	656	17,812	0	13,009	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	8,507	5.08
5.09	00547	RESEARCH FACULTY	0	572	0	0	572	5.09
5.10	00548	RESEARCH SPA	0	1,968	0	0	7,507	5.10
5.11	00560	CORPORATE ADMINISTRATION	5,530	3,764	3,039	0	65,447	5.11
6.00	00600	MAINTENANCE & REPAIRS	1,717	8,797	6,819	0	99,643	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	3,252	0	5,051	8.00
9.00	00900	HOUSEKEEPING	181	557	7,211	0	12,785	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,799	0	755	10.01
11.00	01100	CAFETERIA	0	0	4,668	0	1,693	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	886	0	9,415	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	17,366	0	0	14.00
15.00	01500	PHARMACY	0	0	1,878	0	1,397	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	11,294	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	3,899	0	0	0	4,905	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	1,363	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	3,905	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	1,899	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	25	0	0	0	2,740	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	11,261	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	2,768	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,143	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	2,140	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	1,382	0	0	0	60,371	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	10,855	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13	2,487	0	18,847	22.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	65	0	0	1,204	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	216	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	244	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	1,989	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,438	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	1,216	0	0	0	1,995	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	646	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	246	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	1,374	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	547	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	84,489	0	26,883	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	25,669	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	26,417	0	1,591	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	6,806	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	31,719	0	2,659	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	10,489	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	2,624	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	74,871	0	15,244	50.00
51.00	05100	RECOVERY ROOM	0	0	21,906	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	15,165	0	690	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,461	0	6,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	39,488	0	13,892	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	782	0	4,353	55.00
56.00	05600	RADIOISOTOPE	0	0	4,903	0	821	56.00
60.00	06000	LABORATORY	952	0	13,517	0	36,821	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,269	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	8,008	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,021	0	2,366	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,759	0	1,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	354	0	2,401	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,304	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,013	0	3,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,208	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,149	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	789	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	1,280	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	13,342	90.00
91.00	09100	EMERGENCY	0	0	32,473	0	5,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	249	0	0	0	249	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	79	0	0	0	79	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,149	27,338	462,560	0	564,213	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,161	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	49	68,232	0	0	107,990	191.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,885	115	0	0	5,648	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	659	8,863	0	0	19,373	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,911	0	91	0	39,068	192.00
194.00	07950	MEDICAL COLLEGE	851	1,727	0	0	21,198	194.00
194.01	07951	AFFIL CORP ARC VENTURES	114	0	0	0	114	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	51,844	1,515,554	18,362,455	0	1,779,862	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.877182	14.260682	39.590297	0.000000	2.349330	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG	800,119					2.02
2.03	00203	INTEREST ATRUM PAV	0	192,604				2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	60,441			2.04
2.05	00205	INTEREST TOB	0	0	0	159,370		2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	148,914	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,758	0	0	0	4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00540	PARKING GARAGE	611,611	0	0	0	0	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	0	0	2,118	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	1,219	0	1,010	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	2,848	0	0	213	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	0	4,754	1,615	46,811	273	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	98	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00548	RESEARCH SPA	0	0	0	8	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	60,889	1,373	66	44,946	6,455	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	42,755	2,267	14,438	5,108	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	747	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,097	0	0	49	9.00
10.00	01000	DIETARY	0	0	0	4,292	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	18,820	0	0	0	10.01
11.00	01100	CAFETERIA	127,619	4,415	0	1,759	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,435	0	0	0	14.00
15.00	01500	PHARMACY	0	8,925	0	0	69	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	835	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	660	0	0	927	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	149	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	84	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	98	427	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	945	1,563	1,521	488	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	1,696	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	545	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	205	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	162	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	30,163	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	32,172	0	0	811	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,438	0	0	892	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,770	930	0	11,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,683	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	5,828	10,307	802	1,815	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	610	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	551	2,708	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,290	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,283	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	1,119	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	236	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	8,913	300	42,319	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,307	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	409	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	4	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	800,119	191,115	29,841	120,611	73,136	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,489	1,609	718	0	190.00
190.01	19001	FUND RAISING	0	0	0	8,246	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	22	8,381	183	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	1,427	518	1,828	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	235	534	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	
			2.02	2.03	2.04	2.05	2.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	20,609	20,257	70,530	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	404	1,078	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	1,625	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	6,933	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	800,118	2,662,121	425,525	639,262	9,147	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.999999	13.821733	7.040337	4.011182	0.061425	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST TOWER (SQUARE FEET TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER	463,812					2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	154,787				2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	619,017,788			4.00
5.01	00590	TRANSITION RECRUITMENT	0	0	10,239	10,000		5.01
5.02	00540	PARKING GARAGE	0	0	0	0	1,156,593,177	5.02
5.03	00541	RESEARCH ADMINISTRATION	0	923	2,693,932	0	0	5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	0	3,007,861	0	0	5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	1,848	206	2,765,630	0	0	5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	583,498	0	0	5.06
5.07	00545	ADMIN & GEN PT SERVICE	17,812	1,061	25,653,022	0	0	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	3,260,115	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	436	8,640,545	0	0	5.09
5.10	00548	RESEARCH SPA	0	0	5,835,018	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	3,039	187	35,126,187	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	6,819	5,412	12,278,655	0	61,236,292	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	93,493	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,252	0	606,404	0	5,194,209	8.00
9.00	00900	HOUSEKEEPING	7,211	0	13,542,814	0	20,410,527	9.00
10.00	01000	DIETARY	0	0	459,660	0	814,480	10.00
10.01	01001	PATIENT FOOD SERVICE	2,799	0	5,964,328	0	11,136,451	10.01
11.00	01100	CAFETERIA	4,668	398	1,820,802	0	5,500,340	11.00
13.00	01300	NURSING ADMINISTRATION	886	0	6,106,495	0	10,243,991	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,366	0	0	0	3,098,057	14.00
15.00	01500	PHARMACY	1,878	53	8,840,356	0	89,242,925	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,928,346	0	8,718,348	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	53	6,312,462	0	9,349,476	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	1,875,664	0	2,456,070	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	208,512	0	495,337	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	886	1,696,074	0	2,209,198	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	602	2,428,398	0	3,523,185	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	242,867	0	564,067	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	11,834	0	1,397,518	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	86,933	0	227,946	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	426	1,092,781	0	730,882	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	771,605	0	2,821,669	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	3,688,816	0	11,248,493	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	1,022	4,138,868	0	10,168,184	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	9,219,220	0	18,132,980	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	2,784,898	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	33,190,838	0	50,300,665	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,487	1,623	6,152,423	0	9,995,341	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	CAPITAL RELATED COSTS INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,529,160	0	8,270,009	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	185	234,430	0	322,266	23.01
23.02	02302	PARAMED DIETARY	0	0	343,714	0	455,987	23.02
23.03	02303	PARAMED SPEECH	0	771	989,949	0	1,620,315	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	637,849	0	994,294	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	174,140	0	21,904	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	466,237	0	166,874	23.06
23.07	02307	PARAMED TECHNOLOGY	0	114	594,169	0	902,343	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	216,273	0	355,744	23.08
23.09	02309	PARAMED PHARMACY	0	0	544,508	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	549,606	0	832,169	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	628,611	0	995,220	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,489	0	43,828,695	0	75,647,930	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,669	0	10,808,262	0	17,667,150	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	26,417	0	13,880,619	0	21,679,590	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,285,312	0	6,595,297	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	31,719	0	9,168,407	0	14,065,135	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	6,405,859	0	9,914,188	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,405,481	0	7,217,786	41.00
43.00	04300	NURSERY	0	0	1,650,163	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	74,871	0	15,578,829	0	104,413,318	50.00
51.00	05100	RECOVERY ROOM	21,906	0	3,823,412	0	7,325,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,165	0	4,141,983	0	6,679,486	52.00
53.00	05300	ANESTHESIOLOGY	5,461	0	495,992	0	7,644,943	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,488	8,126	11,514,980	0	30,215,135	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	782	0	2,820,136	0	10,504,945	55.00
56.00	05600	RADIOISOTOPE	4,903	0	769,641	0	2,370,983	56.00
60.00	06000	LABORATORY	13,517	9,383	21,887,925	0	57,305,545	60.00
60.01	06002	LABORATORY - HLA	0	0	483,800	0	1,013,464	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,938,615	0	15,181,129	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	52,673	64.00
65.00	06500	RESPIRATORY THERAPY	4,021	0	4,480,819	0	9,112,049	65.00
66.00	06600	PHYSICAL THERAPY	1,759	0	3,408,745	0	5,430,558	66.00
67.00	06700	OCCUPATIONAL THERAPY	354	0	2,261,449	0	3,523,428	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,435,020	0	2,528,201	68.00
69.00	06900	ELECTROCARDIOLOGY	6,013	0	2,683,754	0	12,444,639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,208	0	881,325	0	1,524,298	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	527,757	0	3,601,269	74.00
76.00	03020	RENAL DIALYSIS I/P	0	142	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	1,280	0	2,976,282	0	4,522,499	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	27,653	13,728,604	0	167,194	90.00
91.00	09100	EMERGENCY	32,473	0	8,828,763	0	16,641,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,277,586	0	6,705,733	105.00
106.00	10600	HEART ACQUISITION	0	0	508,589	0	1,060,251	106.00
107.00	10700	LIVER ACQUISITION	0	0	788,089	0	1,776,907	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	124,419	0	534,965	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	462,560	59,662	424,734,058	0	819,314,316	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,161	2,561	1,111,408	0	4,083,543	190.00
190.01	19001	FUND RAISING	0	0	3,859,952	0	6,157,057	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	1,439,975	0	2,086,033	190.02
191.00	19100	RESEARCH	0	1,070	24,130,194	0	39,680,139	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST TOWER (SQUARE FEET TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	2,462	8,553,833	0	12,293,851	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	233	3,207,539	0	26,731,101	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	91	68,485	120,044,135	10,000	201,605,560	192.00
194.00	07950	MEDICAL COLLEGE	0	327	15,775,266	0	31,502,683	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,158	4,768,212	0	8,530,086	194.01
194.02	07952	AFFIL CORP ROOM 500	0	16,829	845,109	0	2,846,887	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	9,519,532	0	0	194.03
194.04	07954	CON - GNE	0	0	1,028,575	0	1,761,921	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,212,369	46,164	172,686,336	82,623	265,591	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.862291	0.298242	0.278968	8.262300	0.000230	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			413,478	7	5,366,356	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000668	0.000700	0.000230	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION	78,705,091					5.03
5.04	00542	ADMIN & GEN INPT SERVICE	0	1,908,720,519				5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE	0	0	1,358,369,119			5.05
5.06	00544	ADMIN & GEN ANIMAL LAB	0	0	0	1,003,856		5.06
5.07	00545	ADMIN & GEN PT SERVICE	0	0	0	0	3,267,089,638	5.07
5.08	00546	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00547	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00548	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

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		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	240,257,894	10,239,339	0	250,497,233	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	57,869,299	31,357	0	57,900,656	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	59,576,987	235,137	0	59,812,124	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	16,681,646	2,083,101	0	18,764,747	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	60,851,331	305	0	60,851,636	35.02
40.00	04000	SUBPROVIDER - IPF	0	37,348,836	0	0	37,348,836	40.00
41.00	04100	SUBPROVIDER - IRF	0	25,623,849	0	0	25,623,849	41.00
43.00	04300	NURSERY	0	4,626,439	0	0	4,626,439	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	265,296,294	131,993,919	0	397,290,213	50.00
51.00	05100	RECOVERY ROOM	0	14,830,051	14,568,471	0	29,398,522	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,045,443	2,742,952	0	20,788,395	52.00
53.00	05300	ANESTHESIOLOGY	0	53,360,475	32,765,426	0	86,125,901	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	145,029,531	146,979,141	0	292,008,672	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,835,885	83,771,217	180	91,607,102	55.00
56.00	05600	RADIOISOTOPE	0	4,904,926	19,428,196	0	24,333,122	56.00
60.00	06000	LABORATORY	0	238,901,609	249,672,897	0	488,574,506	60.00
60.01	06002	LABORATORY - HLA	0	663,076	1,869,389	0	2,532,465	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	60,927,709	15,443,975	0	76,371,684	62.00
64.00	06400	INTRAVENOUS THERAPY	0	35,500,877	702,789	0	36,203,666	64.00
65.00	06500	RESPIRATORY THERAPY	0	30,458,628	1,150,812	0	31,609,440	65.00
66.00	06600	PHYSICAL THERAPY	0	19,542,732	7,937,733	0	27,480,465	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,614,995	2,584,342	0	18,199,337	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,080,838	3,456,267	0	7,537,105	68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,142,713	35,308,667	0	72,451,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,333,453	3,266,045	0	16,599,498	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	540,990	32,781	0	573,771	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	154,255,414	51,602,511	0	205,857,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	219,707,091	297,458,902	0	517,165,993	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,624,575	0	3,624,575	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,293,678	0	0	12,293,678	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	18,272	9,028,655	0	9,046,927	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,060,762	137,368,476	0	138,429,238	90.00
91.00	09100	EMERGENCY	0	44,516,596	93,021,742	0	137,538,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,305,000	0	0	6,305,000	105.00
106.00	10600	HEART ACQUISITION	0	621,000	0	0	621,000	106.00
107.00	10700	LIVER ACQUISITION	0	793,800	0	0	793,800	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	302,400	0	0	302,400	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,908,720,519	1,358,369,119	180	3,267,089,638	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	39,680,139	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	12,293,851	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	26,731,101	0	0	931,907	0	191.02

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		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	71,769	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,025,182	4,875,046	4,157,381	24,827	57,368,256	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.089260	0.002554	0.003061	0.024732	0.017559	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	253,784	191,995	348,515	482,979	4,074,277	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003224	0.000101	0.000257	0.018509	0.001247	205.00

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		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT	657,363					5.08
5.09	00547	RESEARCH FACULTY	0	10,000				5.09
5.10	00548	RESEARCH SPA	0	0	51,973,990			5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	-82,874,135	1,278,167,276	5.11
6.00	00600	MAINTENANCE & REPAIRS	17,989	0	0	0	70,290,390	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	93,515	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,450	0	0	0	4,858,016	8.00
9.00	00900	HOUSEKEEPING	32,800	0	0	0	22,977,480	9.00
10.00	01000	DIETARY	891	0	0	0	793,944	10.00
10.01	01001	PATIENT FOOD SERVICE	13,198	0	0	0	11,095,306	10.01
11.00	01100	CAFETERIA	4,685	0	0	0	2,643,372	11.00
13.00	01300	NURSING ADMINISTRATION	14,892	0	0	0	9,953,119	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,893,547	14.00
15.00	01500	PHARMACY	10,841	0	0	0	61,801,135	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,020	0	0	0	8,519,953	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	8,072	0	0	0	9,367,485	16.01
18.00	01850	CLINICAL LAB ADMIN MED	939	0	0	0	2,434,373	18.00
18.01	01080	CLINICAL LAB ADMIN PED	165	0	0	0	413,986	18.01
18.02	01081	CLINICAL LAB ADMIN OB	1,255	0	0	0	2,195,563	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	2,130	0	0	0	3,284,072	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	590	0	0	0	677,634	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	6	0	0	0	757,725	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	89	0	0	0	147,967	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	898	0	0	0	742,276	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	963	0	0	0	2,800,602	18.09
18.12	01091	DISCRETIONARY OPERATIONS	3,216	0	0	882,835	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	10,746	0	0	0	8,951,509	18.14
18.16	01095	NURSING SCHOOL SPLIT	11,672	0	0	0	13,536,494	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,790	0	0	0	796,649	19.00
20.00	02000	NURSING SCHOOL	0	0	0	13,336,245	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	64,314	0	0	0	44,318,955	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,979	0	0	0	10,229,007	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,375	0	0	0	1,251,086	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	110	0	0	307,258	0	23.01
23.02	02302	PARAMED DIETARY	299	0	0	191,671	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
23.03	02303	PARAMED SPEECH	944	0	0	547,871	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	709	0	0	1,000,452	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	253	0	0	0	263,038	23.05
23.06	02306	PARAMED PASTORAL CARE	880	0	0	0	709,115	23.06
23.07	02307	PARAMED TECHNOLOGY	731	0	0	715,604	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	193	0	0	231,273	0	23.08
23.09	02309	PARAMED PHARMACY	964	0	0	0	689,155	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	512	0	0	652,828	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	635	0	0	1,147,223	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	59,393	0	0	0	77,798,740	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,205	0	0	0	18,721,423	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	14,424	0	0	0	22,567,710	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	4,038	0	0	0	7,089,274	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	9,546	0	0	0	16,739,852	35.02
40.00	04000	SUBPROVIDER - IPF	8,180	0	0	0	10,403,630	40.00
41.00	04100	SUBPROVIDER - IRF	6,230	0	0	0	7,206,688	41.00
43.00	04300	NURSERY	1,684	0	0	0	2,522,639	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,712	0	0	0	64,153,182	50.00
51.00	05100	RECOVERY ROOM	4,763	0	0	0	7,618,110	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,210	0	0	0	7,633,273	52.00
53.00	05300	ANESTHESIOLOGY	1,005	0	0	0	5,570,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,687	0	0	0	34,495,922	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,409	0	0	0	11,999,516	55.00
56.00	05600	RADIOISOTOPE	806	0	0	0	2,778,480	56.00
60.00	06000	LABORATORY	30,408	0	0	0	64,753,595	60.00
60.01	06002	LABORATORY - HLA	595	0	0	0	1,050,311	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,039	0	0	0	16,587,236	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	781,176	64.00
65.00	06500	RESPIRATORY THERAPY	5,197	0	0	0	9,766,867	65.00
66.00	06600	PHYSICAL THERAPY	4,740	0	0	0	5,756,079	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,430	0	0	0	3,753,473	67.00
68.00	06800	SPEECH PATHOLOGY	2,112	0	0	0	2,503,762	68.00
69.00	06900	ELECTROCARDIOLOGY	2,705	0	0	0	8,271,512	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,333	0	0	0	1,802,922	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	760,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	56,896,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	36,841,047	73.00
74.00	07400	RENAL DIALYSIS	495	0	0	0	993,561	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	3,136,274	76.00
76.01	03021	PSYCH DAY HOSPITAL	3,527	0	0	0	4,830,476	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26,032	0	0	0	37,387,270	90.00
91.00	09100	EMERGENCY	11,405	0	0	0	19,238,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,735	0	0	0	6,823,976	105.00
106.00	10600	HEART ACQUISITION	404	0	0	0	1,090,904	106.00
107.00	10700	LIVER ACQUISITION	838	0	0	0	1,803,539	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	104	0	0	0	545,473	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	486,586	0	0	-63,860,875	881,160,445	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,104	0	0	0	4,662,831	190.00
190.01	19001	FUND RAISING	4,768	0	0	0	6,205,532	190.01
190.02	19002	RUSH DAY SCHOOL	2,076	0	0	0	2,297,692	190.02
191.00	19100	RESEARCH	34,664	0	39,680,139	0	66,319,244	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	14,327	0	12,293,851	0	19,001,281	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	4,058	10,000	0	0	20,620,860	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	79,422	0	0	0	186,285,822	192.00
194.00	07950	MEDICAL COLLEGE	12,155	0	0	0	26,238,604	194.00
194.01	07951	AFFIL CORP ARC VENTURES	6,780	0	0	0	40,357,939	194.01
194.02	07952	AFFIL CORP ROOM 500	2,405	0	0	0	2,849,109	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
194.03	07953	AFFIL CORP JOINT VENTURES	8,230	0	0	0	20,346,528	194.03
194.04	07954	CON - GNE	788	0	0	0	1,821,389	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,253,718	14,090,076	10,711,856		82,874,135	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.034570	1,409.007600	0.206100		0.064838	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	276,062	57,528	306,002		5,403,669	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.419954	5.752800	0.005888		0.004228	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS	1,610,008					6.00
6.01	00601	RENTED SPACE COSTS	0	10,000				6.01
8.00	00800	LAUNDRY & LINEN SERVICE	9,050	0	4,619,431			8.00
9.00	00900	HOUSEKEEPING	23,929	0	0	1,577,029		9.00
10.00	01000	DIETARY	4,292	0	0	4,292	10,000	10.00
10.01	01001	PATIENT FOOD SERVICE	22,489	0	0	22,489	6,939	10.01
11.00	01100	CAFETERIA	35,811	0	0	35,811	3,061	11.00
13.00	01300	NURSING ADMINISTRATION	11,621	0	0	11,621	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,549	0	0	23,549	0	14.00
15.00	01500	PHARMACY	12,322	0	0	12,322	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,294	0	0	11,294	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	5,910	0	0	5,910	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,363	0	0	1,363	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	3,905	0	0	3,905	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	2,785	0	0	2,785	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	4,929	0	0	4,929	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	149	0	0	149	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	11,261	0	0	11,261	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	2,852	0	0	2,852	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	426	0	0	426	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	1,143	0	0	1,143	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	2,140	0	0	2,140	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	61,918	0	0	61,918	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	10,855	0	0	10,855	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	27,877	0	0	27,877	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,900	0	0	2,900	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	401	0	0	401	0	23.01
23.02	02302	PARAMED DIETARY	244	0	0	244	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
23.03	02303	PARAMED SPEECH	2,760	0	0	2,760	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,438	0	0	1,438	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	2,200	0	0	2,200	0	23.06
23.07	02307	PARAMED TECHNOLOGY	760	0	0	760	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	246	0	0	246	0	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	1,374	0	0	1,374	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	547	0	0	547	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	141,535	0	1,396,596	141,535	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,669	0	288,937	25,669	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	28,008	0	385,827	28,008	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,806	0	2,613	6,806	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	34,378	0	156,497	34,378	0	35.02
40.00	04000	SUBPROVIDER - IPF	23,405	0	146,387	23,405	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,199	0	161,337	20,199	0	41.00
43.00	04300	NURSERY	2,624	0	33,907	2,624	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	123,098	0	846,431	123,098	0	50.00
51.00	05100	RECOVERY ROOM	21,906	0	224,212	21,906	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,855	0	26,370	15,855	0	52.00
53.00	05300	ANESTHESIOLOGY	14,534	0	0	14,534	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,203	0	257,982	78,203	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,818	0	47,477	19,818	0	55.00
56.00	05600	RADIOISOTOPE	5,724	0	15,720	5,724	0	56.00
60.00	06000	LABORATORY	78,483	0	142,442	78,483	0	60.00
60.01	06002	LABORATORY - HLA	1,269	0	0	1,269	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,008	0	0	8,008	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,997	0	0	6,997	0	65.00
66.00	06600	PHYSICAL THERAPY	13,691	0	12,310	13,691	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,616	0	0	8,616	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,675	0	0	7,675	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,578	0	1,665	10,578	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,208	0	0	2,208	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,149	0	0	1,149	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,050	0	0	2,050	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	2,796	0	0	2,796	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	96,828	0	79,750	96,828	0	90.00
91.00	09100	EMERGENCY	37,503	0	358,625	37,503	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,556	0	0	1,556	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	488	0	0	488	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,147,108	0	4,585,085	1,114,129	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,886	0	34,346	25,886	0	190.00
190.01	19001	FUND RAISING	8,246	0	0	8,246	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	117,878	10,000	0	117,878	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	12,309	0	0	12,309	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	20,596	0	0	20,596	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	225,245	0	0	225,245	0	192.00
194.00	07950	MEDICAL COLLEGE	24,081	0	0	24,081	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,897	0	0	4,897	0	194.01
194.02	07952	AFFIL CORP ROOM 500	23,762	0	0	23,762	0	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	74,847,878	99,578	5,593,727	25,579,732	1,114,570	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	46.489134	9.957800	1.210913	16.220204	111.457000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,979,245	417	614,882	1,775,052	176,174	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.577143	0.041700	0.133108	1.125567	17.617400	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE	451,923					10.01
11.00	01100	CAFETERIA	0	574,260				11.00
13.00	01300	NURSING ADMINISTRATION	0	14,892	116,416			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	749,107		14.00
15.00	01500	PHARMACY	0	10,841	0	0	27,846,328	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,020	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	8,072	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	939	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	165	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	1,255	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	2,130	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	590	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	6	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	89	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	898	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	963	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	3,216	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	10,746	0	0	163	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	11,672	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,790	1,790	0	14,225	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	64,314	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,979	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	2,375	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	110	0	0	0	23.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
23.02	02302	PARAMED DIETARY	0	299	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	944	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	709	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	253	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	880	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	731	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	193	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	964	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	512	0	0	12	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	635	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	306,849	59,393	58,680	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	26,044	13,205	5,715	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	29,228	14,424	13,770	0	561	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	7,020	4,038	3,985	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	9,546	9,476	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	49,461	8,180	6,720	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	33,321	6,230	6,130	0	0	41.00
43.00	04300	NURSERY	0	1,684	1,684	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	20,712	2,180	0	2,193	50.00
51.00	05100	RECOVERY ROOM	0	4,763	0	0	43	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,210	4,210	0	10	52.00
53.00	05300	ANESTHESIOLOGY	0	1,005	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,687	0	0	564,499	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,409	0	0	6,311	55.00
56.00	05600	RADIOISOTOPE	0	806	0	0	417	56.00
60.00	06000	LABORATORY	0	30,408	0	0	271,975	60.00
60.01	06002	LABORATORY - HLA	0	595	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,039	0	0	22,129	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,197	0	0	3,106	65.00
66.00	06600	PHYSICAL THERAPY	0	4,740	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,430	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,112	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,705	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,333	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	749,107	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	26,364,584	73.00
74.00	07400	RENAL DIALYSIS	0	495	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	3,527	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	26,032	0	0	171	90.00
91.00	09100	EMERGENCY	0	11,405	0	0	8,695	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,735	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	404	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	838	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	104	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	451,923	415,573	114,340	749,107	27,259,094	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,104	0	0	0	190.00
190.01	19001	FUND RAISING	0	4,768	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	2,076	2,076	0	624	190.02
191.00	19100	RESEARCH	0	34,664	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	14,327	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	4,058	0	0	37,837	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	79,422	0	0	177,022	192.00
194.00	07950	MEDICAL COLLEGE	0	12,155	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
194.01	07951	AFFIL CORP ARC VENTURES	0	2,920	0	0	371,751	194.01
194.02	07952	AFFIL CORP ROOM 500	0	2,405	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	788	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,998,373	5,401,617	11,467,281	3,493,064	66,682,874	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.975129	9.406222	98.502620	4.662971	2.394674	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,731,599	1,904,609	725,163	1,947,320	1,167,760	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.831624	3.316632	6.229066	2.599522	0.041936	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,000					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	6,127	1,908,720,519				16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	25,695			18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	9,121		18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	16,681	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	240,257,894	0	3,963	2,525	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	57,869,299	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	59,576,987	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	16,681,646	0	3,985	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	60,851,331	0	60	9,486	35.02
40.00	04000	SUBPROVIDER - IPF	0	37,348,836	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	25,623,849	0	0	0	41.00
43.00	04300	NURSERY	0	4,626,439	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	265,296,294	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	14,830,051	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,045,443	0	0	4,210	52.00
53.00	05300	ANESTHESIOLOGY	0	53,360,475	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	145,029,531	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,835,885	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,904,926	0	0	0	56.00
60.00	06000	LABORATORY	0	238,901,609	4,410	618	460	60.00
60.01	06002	LABORATORY - HLA	0	663,076	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	60,927,709	2,339	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	35,500,877	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	30,458,628	5,097	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19,542,732	2,262	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,614,995	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,080,838	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,142,713	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,333,453	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	540,990	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	154,255,414	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	219,707,091	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	495	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,293,678	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	18,272	812	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,060,762	325	0	0	90.00
91.00	09100	EMERGENCY	3,873	44,516,596	10,450	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,305,000	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	621,000	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	793,800	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	302,400	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,908,720,519	25,695	9,121	16,681	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,827,828	16,442,903	2,686,518	687,260	2,524,369	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	982.782800	0.008615	104.554116	75.349194	151.331994	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	613,118	707,043	91,320	217,971	157,219	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	61.311800	0.000370	3.553999	23.897709	9.425034	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG	35,607					18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	3,262				18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	2,208			18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	2,221		18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	3,949	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,930	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	3,520	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	805	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,120	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,209	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	806	0	0	0	0	56.00
60.00	06000	LABORATORY	2,340	0	2,208	1,474	1,310	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	2,639	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,845	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	796	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	747	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	1,117	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	300	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,735	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	404	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	838	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	104	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,607	3,262	2,208	2,221	3,949	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,826,134	736,464	1,513,080	337,245	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	107.454545	225.770693	685.271739	151.843764	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	283,016	120,683	572,986	146,130	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.948325	36.996628	259.504529	65.163890	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	1,333					18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	16,276				18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	525,184			18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	10,746	76,154		18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	11,672	31,366	10,000	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	1,790	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	8,342	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	64,314	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,979	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,375	2,072	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	110	1,260	0	23.01
23.02	02302	PARAMED DIETARY	0	0	299	1,165	0	23.02
23.03	02303	PARAMED SPEECH	0	0	944	4,665	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	709	4,336	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	253	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	880	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	731	3,524	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	193	1,305	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	964	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	512	3,096	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	635	4,084	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	59,393	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	13,205	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	14,424	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,038	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	9,546	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	8,180	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,230	0	0	41.00
43.00	04300	NURSERY	0	0	1,684	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	20,712	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,763	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,210	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,005	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	14,687	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,409	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	806	0	0	56.00
60.00	06000	LABORATORY	0	13,042	30,408	0	0	60.00
60.01	06002	LABORATORY - HLA	0	595	595	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,639	3,039	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,197	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,740	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,430	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,112	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,705	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,333	0	1,333	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	495	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	3,527	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	26,032	0	0	90.00
91.00	09100	EMERGENCY	0	0	11,405	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,735	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	404	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	838	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	104	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,333	16,276	366,497	56,873	8,342	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,104	2,162	1,336	190.00
190.01	19001	FUND RAISING	0	0	4,768	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,076	0	0	190.02
191.00	19100	RESEARCH	0	0	34,664	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	14,327	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	4,058	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	79,422	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	12,155	17,119	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,920	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	2,405	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	788	0	322	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	825,565	3,062,922	-718,387	13,516,213	20,771,677	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	619.328582	188.186409	0.000000	177.485267	2,077.167700	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	24,764	74,401	130,996	2,466,555	1,545,154	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.577644	4.571209	0.249429	32.389041	154.515400	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,000					19.00
20.00	02000	NURSING SCHOOL		17,531				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			42,163			21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				42,163		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					465,067,067	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH					0	23.01
23.02	02302	PARAMED DIETARY					0	23.02
23.03	02303	PARAMED SPEECH					0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY					0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS					0	23.05
23.06	02306	PARAMED PASTORAL CARE					0	23.06
23.07	02307	PARAMED TECHNOLOGY					0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND					0	23.08
23.09	02309	PARAMED PHARMACY					0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY					0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT					0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		14,170	8,419	8,419	75,647,930	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	1,186	1,186	17,667,150	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0	2,205	2,205	21,679,590	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		0	620	620	6,595,297	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		425	657	657	14,065,135	35.02
40.00	04000	SUBPROVIDER - IPF		947	765	765	9,914,188	40.00
41.00	04100	SUBPROVIDER - IRF		381	362	362	7,217,786	41.00
43.00	04300	NURSERY		0	100	100	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	2,606	2,606	104,413,318	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	7,325,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	300	300	6,679,486	52.00
53.00	05300	ANESTHESIOLOGY	10,000	1,608	2,895	2,895	7,644,943	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,423	3,423	30,215,135	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	637	637	10,504,945	55.00
56.00	05600	RADIOISOTOPE	0	0	489	489	2,370,983	56.00
60.00	06000	LABORATORY	0	0	2,268	2,268	57,305,545	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	1,013,464	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	152	152	15,181,129	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	52,673	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	125	125	9,112,049	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,430,558	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,523,428	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,528,201	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	260	260	12,444,639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,524,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	125	125	3,601,269	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	1,833	1,833	4,522,499	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	6,154	6,154	167,194	90.00
91.00	09100	EMERGENCY	0	0	1,273	1,273	16,641,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	100	100	6,705,733	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,060,251	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	1,776,907	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	534,965	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	17,531	36,954	36,954	465,067,067	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,329	2,329	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,868	2,868	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	12	12	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,075,523	3,991,488	47,797,459	12,687,218	1,904,150	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	107.552300	227.681707	1,133.635154	300.908806	0.004094	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,664	1,288,967	461,436	1,868,192	199,687	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.366400	16.936798	10.944098	44.308802	0.000429	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	10,000					23.01
23.02	02302	PARAMED DIETARY	0	451,923				23.02
23.03	02303	PARAMED SPEECH	0	0	10,000			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	10,000		23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	10,000	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	306,849	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	26,044	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	29,228	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	7,020	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	49,461	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	33,321	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	10,000	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	451,923	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-57,446	33,212	462,055	-134,031	316,650	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.073490	46.205500	0.000000	31.665000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	57,315	51,524	267,914	199,125	38,193	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.731500	0.011307	8.901700	19.912500	3.819300	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	TRANSITION RECRUITMENT						5.01
5.02	00540	PARKING GARAGE						5.02
5.03	00541	RESEARCH ADMINISTRATION						5.03
5.04	00542	ADMIN & GEN INPT SERVICE						5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00544	ADMIN & GEN ANIMAL LAB						5.06
5.07	00545	ADMIN & GEN PT SERVICE						5.07
5.08	00546	PERSONNEL DEPARTMENT						5.08
5.09	00547	RESEARCH FACULTY						5.09
5.10	00548	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE	465,067,067					23.06
23.07	02307	PARAMED TECHNOLOGY	0	10,000				23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	10,000			23.08
23.09	02309	PARAMED PHARMACY	0	0	0	10,000		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	10,000	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	75,647,930	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,667,150	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	21,679,590	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,595,297	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	14,065,135	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	9,914,188	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,217,786	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	104,413,318	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	7,325,322	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,679,486	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,644,943	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,215,135	0	5,000	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,504,945	0	5,000	0	0	55.00
56.00	05600	RADIOISOTOPE	2,370,983	0	0	0	0	56.00
60.00	06000	LABORATORY	57,305,545	10,000	0	0	0	60.00
60.01	06002	LABORATORY - HLA	1,013,464	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,181,129	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	52,673	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,112,049	0	0	0	10,000	65.00
66.00	06600	PHYSICAL THERAPY	5,430,558	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,523,428	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,528,201	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,444,639	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,524,298	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,000	0	73.00
74.00	07400	RENAL DIALYSIS	3,601,269	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	4,522,499	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	167,194	0	0	0	0	90.00
91.00	09100	EMERGENCY	16,641,057	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,705,733	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,060,251	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,776,907	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	534,965	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	465,067,067	10,000	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
194.04	07954	CON - GNE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	901,330	-35,611	17,586	753,065	-12,326	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001938	0.000000	1.758600	75.306500	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	113,401	147,005	52,690	17,584	155,666	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000244	14.700500	0.290300	1.758400	15.566600	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
	GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	DEPRECIATION OLD HOSPITAL			1.01
1.02	00102	DEPRECIATION DIRECT BLDG			1.02
1.03	00103	DEPRECIATION KELLOGG PAV			1.03
1.04	00104	DEPRECIATION JELKE SOUTH			1.04
1.05	00105	DEPRECIATION ATRIUM PAV			1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH			1.07
1.08	00108	DEPRECIATION WOOD ST			1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY			1.09
1.10	00110	DEPRECIATION PRO BLDG III			1.10
1.11	00111	DEPRECIATION JRB			1.11
1.12	00112	DEPRECIATION TOB			1.12
1.13	00113	DEPRECIATION EQUIPMENT			1.13
1.14	00114	DEPRECIATION ORTHOPEDICS			1.14
1.15	00115	DEPRECIATION KIDSTON			1.15
1.16	00116	DEPRECIATION COHN			1.16
1.17	00117	DEPRECIATION TOWER			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	INTEREST GENERAL			2.01
2.02	00202	INTEREST DIRECT BLDG			2.02
2.03	00203	INTEREST ATRUM PAV			2.03
2.04	00204	INTEREST PRO BLDG SOUTH			2.04
2.05	00205	INTEREST TOB			2.05
2.06	00206	INTEREST PRO BLDG III			2.06
2.07	00207	INTEREST TOWER			2.07
2.08	00208	INTEREST PRO BLDG NORTH			2.08
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	TRANSITION RECRUITMENT			5.01
5.02	00540	PARKING GARAGE			5.02
5.03	00541	RESEARCH ADMINISTRATION			5.03
5.04	00542	ADMIN & GEN INPT SERVICE			5.04
5.05	00543	ADMIN & GEN OUTPT SERVICE			5.05
5.06	00544	ADMIN & GEN ANIMAL LAB			5.06
5.07	00545	ADMIN & GEN PT SERVICE			5.07
5.08	00546	PERSONNEL DEPARTMENT			5.08
5.09	00547	RESEARCH FACULTY			5.09
5.10	00548	RESEARCH SPA			5.10
5.11	00560	CORPORATE ADMINISTRATION			5.11
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	RENTED SPACE COSTS			6.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
10.01	01001	PATIENT FOOD SERVICE			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY			16.01
18.00	01850	CLINICAL LAB ADMIN MED			18.00
18.01	01080	CLINICAL LAB ADMIN PED			18.01
18.02	01081	CLINICAL LAB ADMIN OB			18.02
18.03	01082	CLINICAL LAB ADMIN SURG			18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH			18.04
18.05	01084	CLINICAL LAB ADMIN PATH			18.05
18.06	01085	CLINICAL LAB ADMIN CARD			18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT			18.07
18.08	01087	CLINICAL LAB ADMIN NEUR			18.08
18.09	01088	CLINICAL LAB ADMIN OCLS			18.09
18.12	01091	DISCRETIONARY OPERATIONS			18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT			18.14
18.16	01095	NURSING SCHOOL SPLIT			18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT			23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
23.01	02301	PARAMED MEDICAL PERFUSION TECH			23.01
23.02	02302	PARAMED DIETARY			23.02
23.03	02303	PARAMED SPEECH			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY			23.04
23.05	02305	PARAMED MEDICAL PHYSICS			23.05
23.06	02306	PARAMED PASTORAL CARE			23.06
23.07	02307	PARAMED TECHNOLOGY			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND			23.08
23.09	02309	PARAMED PHARMACY			23.09
23.10	02310	PARAMED RESPIRATORY THERAPY			23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	465,067,067		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	75,647,930		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,667,150		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	21,679,590		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,595,297		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	14,065,135		35.02
40.00	04000	SUBPROVIDER - IPF	9,914,188		40.00
41.00	04100	SUBPROVIDER - IRF	7,217,786		41.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	104,413,318		50.00
51.00	05100	RECOVERY ROOM	7,325,322		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,679,486		52.00
53.00	05300	ANESTHESIOLOGY	7,644,943		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,215,135		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,504,945		55.00
56.00	05600	RADIOISOTOPE	2,370,983		56.00
60.00	06000	LABORATORY	57,305,545		60.00
60.01	06002	LABORATORY - HLA	1,013,464		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,181,129		62.00
64.00	06400	INTRAVENOUS THERAPY	52,673		64.00
65.00	06500	RESPIRATORY THERAPY	9,112,049		65.00
66.00	06600	PHYSICAL THERAPY	5,430,558		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,523,428		67.00
68.00	06800	SPEECH PATHOLOGY	2,528,201		68.00
69.00	06900	ELECTROCARDIOLOGY	12,444,639		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,524,298		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	3,601,269		74.00
76.00	03020	RENAL DIALYSIS I/P	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	4,522,499		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	167,194		90.00
91.00	09100	EMERGENCY	16,641,057		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04040	BEHAVIORAL HEALTH	0		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	6,705,733		105.00
106.00	10600	HEART ACQUISITION	1,060,251		106.00
107.00	10700	LIVER ACQUISITION	1,776,907		107.00
108.00	10800	LUNG ACQUISITION	0		108.00
109.00	10900	PANCREAS ACQUISITION	534,965		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	465,067,067		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
190.01	19001	FUND RAISING	0		190.01
190.02	19002	RUSH DAY SCHOOL	0		190.02
191.00	19100	RESEARCH	0		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0		191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/21/2014 10:45 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)	
			23.11	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	MEDICAL COLLEGE	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	194.03
194.04	07954	CON - GNE	0	194.04
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-382,098	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	156,366	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000336	205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-2 | Date/Time Prepared: 11/21/2014 10:45 am

	Description	Worksheet Part	Worksheet Line No.	Amount	
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	-105,582	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	115,708,914		115,708,914	11,654	115,720,568	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	23,995,740		23,995,740	0	23,995,740	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	29,299,436		29,299,436	223,008	29,522,444	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	9,111,129		9,111,129	0	9,111,129	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	23,339,655		23,339,655	94,028	23,433,683	35.02
40.00	04000	SUBPROVIDER - IPF	15,594,910		15,594,910	0	15,594,910	40.00
41.00	04100	SUBPROVIDER - IRF	11,184,013		11,184,013	0	11,184,013	41.00
43.00	04300	NURSERY	3,113,384		3,113,384	0	3,113,384	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	81,991,021		81,991,021	0	81,991,021	50.00
51.00	05100	RECOVERY ROOM	10,352,357		10,352,357	0	10,352,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,441,567		10,441,567	0	10,441,567	52.00
53.00	05300	ANESTHESIOLOGY	8,886,607		8,886,607	0	8,886,607	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,695,389		45,695,389	116,803	45,812,192	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,767,797		14,767,797	0	14,767,797	55.00
56.00	05600	RADIOISOTOPE	3,488,361		3,488,361	0	3,488,361	56.00
60.00	06000	LABORATORY	82,407,242		82,407,242	96,751	82,503,993	60.00
60.01	06002	LABORATORY - HLA	1,327,382		1,327,382	0	1,327,382	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	19,604,114		19,604,114	0	19,604,114	62.00
64.00	06400	INTRAVENOUS THERAPY	1,137,984		1,137,984	0	1,137,984	64.00
65.00	06500	RESPIRATORY THERAPY	11,745,507	0	11,745,507	0	11,745,507	65.00
66.00	06600	PHYSICAL THERAPY	7,484,956	0	7,484,956	0	7,484,956	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,141,730	0	5,141,730	0	5,141,730	67.00
68.00	06800	SPEECH PATHOLOGY	3,765,256	0	3,765,256	0	3,765,256	68.00
69.00	06900	ELECTROCARDIOLOGY	10,007,096		10,007,096	244,243	10,251,339	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,020,447		3,020,447	0	3,020,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,307,709		4,307,709	0	4,307,709	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,914,742		61,914,742	0	61,914,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,010,170		105,010,170	0	105,010,170	73.00
74.00	07400	RENAL DIALYSIS	1,088,130		1,088,130	0	1,088,130	74.00
76.00	03020	RENAL DIALYSIS I/P	3,574,088		3,574,088	0	3,574,088	76.00
76.01	03021	PSYCH DAY HOSPITAL	5,716,707		5,716,707	0	5,716,707	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	46,269,374		46,269,374	0	46,269,374	90.00
91.00	09100	EMERGENCY	28,850,098		28,850,098	20,947	28,871,045	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,910,113		5,910,113		5,910,113	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,661,526		7,661,526		7,661,526	105.00
106.00	10600	HEART ACQUISITION	1,220,594		1,220,594		1,220,594	106.00
107.00	10700	LIVER ACQUISITION	2,066,566		2,066,566		2,066,566	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	599,076		599,076		599,076	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	826,800,887	0	826,800,887	807,434	827,608,321	200.00
201.00		Less Observation Beds	5,910,113		5,910,113		5,910,113	201.00
202.00		Total (see instructions)	820,890,774	0	820,890,774	807,434	821,698,208	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	240,257,894		240,257,894			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	57,869,299		57,869,299			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	59,576,987		59,576,987			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	16,681,646		16,681,646			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	60,851,331		60,851,331			35.02
40.00	04000	SUBPROVIDER - IPF	37,348,836		37,348,836			40.00
41.00	04100	SUBPROVIDER - IRF	25,623,849		25,623,849			41.00
43.00	04300	NURSERY	4,626,439		4,626,439			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	265,296,294	131,993,919	397,290,213	0.206376	0.000000	50.00
51.00	05100	RECOVERY ROOM	14,830,051	14,568,471	29,398,522	0.352139	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,045,443	2,742,952	20,788,395	0.502279	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	53,360,475	32,765,426	86,125,901	0.103182	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,029,531	146,979,141	292,008,672	0.156486	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,835,885	83,771,217	91,607,102	0.161208	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,904,926	19,428,196	24,333,122	0.143359	0.000000	56.00
60.00	06000	LABORATORY	238,901,609	249,672,897	488,574,506	0.168669	0.000000	60.00
60.01	06002	LABORATORY - HLA	663,076	1,869,389	2,532,465	0.524146	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	60,927,709	15,443,975	76,371,684	0.256693	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	35,500,877	702,789	36,203,666	0.031433	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	30,458,628	1,150,812	31,609,440	0.371582	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,542,732	7,937,733	27,480,465	0.272374	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,614,995	2,584,342	18,199,337	0.282523	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,080,838	3,456,267	7,537,105	0.499563	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	37,142,713	35,308,667	72,451,380	0.138122	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,333,453	3,266,045	16,599,498	0.181960	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	540,990	32,781	573,771	7.507715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,255,414	51,602,511	205,857,925	0.300764	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	219,707,091	297,458,902	517,165,993	0.203049	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	3,624,575	3,624,575	0.300209	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	12,293,678	0	12,293,678	0.290726	0.000000	76.00
76.01	03021	PSYCH DAY HOSPITAL	18,272	9,028,655	9,046,927	0.631895	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,060,762	137,368,476	138,429,238	0.334246	0.000000	90.00
91.00	09100	EMERGENCY	44,516,596	93,021,742	137,538,338	0.209760	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,589,239	12,589,239	0.469458	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,305,000	0	6,305,000			105.00
106.00	10600	HEART ACQUISITION	621,000	0	621,000			106.00
107.00	10700	LIVER ACQUISITION	793,800	0	793,800			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	302,400	0	302,400			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,908,720,519	1,358,369,119	3,267,089,638			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,908,720,519	1,358,369,119	3,267,089,638			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.206376		50.00
51.00	05100	RECOVERY ROOM	0.352139		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.502279		52.00
53.00	05300	ANESTHESIOLOGY	0.103182		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156886		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161208		55.00
56.00	05600	RADIOISOTOPE	0.143359		56.00
60.00	06000	LABORATORY	0.168867		60.00
60.01	06002	LABORATORY - HLA	0.524146		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.256693		62.00
64.00	06400	INTRAVENOUS THERAPY	0.031433		64.00
65.00	06500	RESPIRATORY THERAPY	0.371582		65.00
66.00	06600	PHYSICAL THERAPY	0.272374		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.282523		67.00
68.00	06800	SPEECH PATHOLOGY	0.499563		68.00
69.00	06900	ELECTROCARDIOLOGY	0.141493		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181960		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7.507715		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.300764		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203049		73.00
74.00	07400	RENAL DIALYSIS	0.300209		74.00
76.00	03020	RENAL DIALYSIS I/P	0.290726		76.00
76.01	03021	PSYCH DAY HOSPITAL	0.631895		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.334246		90.00
91.00	09100	EMERGENCY	0.209913		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469458		92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/21/2014 10:45 am

Title XIX | Hospital

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	127,786,336		127,786,336	11,654	127,797,990	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	25,697,109		25,697,109	0	25,697,109	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	32,462,606		32,462,606	223,008	32,685,614	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	10,000,546		10,000,546	0	10,000,546	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	24,282,150		24,282,150	94,028	24,376,178	35.02
40.00	04000	SUBPROVIDER - IPF	16,692,336		16,692,336	0	16,692,336	40.00
41.00	04100	SUBPROVIDER - IRF	11,703,318		11,703,318	0	11,703,318	41.00
43.00	04300	NURSERY	3,256,839		3,256,839	0	3,256,839	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,729,442		85,729,442	0	85,729,442	50.00
51.00	05100	RECOVERY ROOM	10,352,357		10,352,357	0	10,352,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,871,931		10,871,931	0	10,871,931	52.00
53.00	05300	ANESTHESIOLOGY	13,039,612		13,039,612	0	13,039,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,605,833		50,605,833	116,803	50,722,636	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,681,602		15,681,602	0	15,681,602	55.00
56.00	05600	RADIOISOTOPE	4,189,853		4,189,853	0	4,189,853	56.00
60.00	06000	LABORATORY	85,660,788		85,660,788	96,751	85,757,539	60.00
60.01	06002	LABORATORY - HLA	1,327,382		1,327,382	0	1,327,382	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	19,822,165		19,822,165	0	19,822,165	62.00
64.00	06400	INTRAVENOUS THERAPY	1,137,984		1,137,984	0	1,137,984	64.00
65.00	06500	RESPIRATORY THERAPY	11,924,825	0	11,924,825	0	11,924,825	65.00
66.00	06600	PHYSICAL THERAPY	7,484,956	0	7,484,956	0	7,484,956	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,141,730	0	5,141,730	0	5,141,730	67.00
68.00	06800	SPEECH PATHOLOGY	3,765,256	0	3,765,256	0	3,765,256	68.00
69.00	06900	ELECTROCARDIOLOGY	10,380,077		10,380,077	244,243	10,624,320	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,020,447		3,020,447	0	3,020,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,307,709		4,307,709	0	4,307,709	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,914,742		61,914,742	0	61,914,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,010,170		105,010,170	0	105,010,170	73.00
74.00	07400	RENAL DIALYSIS	1,267,448		1,267,448	0	1,267,448	74.00
76.00	03020	RENAL DIALYSIS I/P	3,574,088		3,574,088	0	3,574,088	76.00
76.01	03021	PSYCH DAY HOSPITAL	8,346,226		8,346,226	0	8,346,226	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	55,097,558		55,097,558	0	55,097,558	90.00
91.00	09100	EMERGENCY	30,676,273		30,676,273	20,947	30,697,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,910,113		5,910,113		5,910,113	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,804,981		7,804,981		7,804,981	105.00
106.00	10600	HEART ACQUISITION	1,220,594		1,220,594		1,220,594	106.00
107.00	10700	LIVER ACQUISITION	2,066,566		2,066,566		2,066,566	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	599,076		599,076		599,076	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	879,813,024	0	879,813,024	807,434	880,620,458	200.00
201.00		Less Observation Beds	5,910,113		5,910,113		5,910,113	201.00
202.00		Total (see instructions)	873,902,911	0	873,902,911	807,434	874,710,345	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/21/2014 10:45 am

Title XIX | Hospital

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	240,257,894		240,257,894			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	57,869,299		57,869,299			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	59,576,987		59,576,987			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	16,681,646		16,681,646			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	60,851,331		60,851,331			35.02
40.00	04000	SUBPROVIDER - IPF	37,348,836		37,348,836			40.00
41.00	04100	SUBPROVIDER - IRF	25,623,849		25,623,849			41.00
43.00	04300	NURSERY	4,626,439		4,626,439			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	265,296,294	131,993,919	397,290,213	0.215785	0.000000	50.00
51.00	05100	RECOVERY ROOM	14,830,051	14,568,471	29,398,522	0.352139	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,045,443	2,742,952	20,788,395	0.522981	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	53,360,475	32,765,426	86,125,901	0.151402	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,029,531	146,979,141	292,008,672	0.173303	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,835,885	83,771,217	91,607,102	0.171183	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,904,926	19,428,196	24,333,122	0.172187	0.000000	56.00
60.00	06000	LABORATORY	238,901,609	249,672,897	488,574,506	0.175328	0.000000	60.00
60.01	06002	LABORATORY - HLA	663,076	1,869,389	2,532,465	0.524146	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	60,927,709	15,443,975	76,371,684	0.259549	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	35,500,877	702,789	36,203,666	0.031433	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	30,458,628	1,150,812	31,609,440	0.377255	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,542,732	7,937,733	27,480,465	0.272374	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,614,995	2,584,342	18,199,337	0.282523	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,080,838	3,456,267	7,537,105	0.499563	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	37,142,713	35,308,667	72,451,380	0.143270	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,333,453	3,266,045	16,599,498	0.181960	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	540,990	32,781	573,771	7.507715	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,255,414	51,602,511	205,857,925	0.300764	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	219,707,091	297,458,902	517,165,993	0.203049	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	3,624,575	3,624,575	0.349682	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	12,293,678	0	12,293,678	0.290726	0.000000	76.00
76.01	03021	PSYCH DAY HOSPITAL	18,272	9,028,655	9,046,927	0.922548	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,060,762	137,368,476	138,429,238	0.398020	0.000000	90.00
91.00	09100	EMERGENCY	44,516,596	93,021,742	137,538,338	0.223038	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,589,239	12,589,239	0.469458	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,305,000	0	6,305,000			105.00
106.00	10600	HEART ACQUISITION	621,000	0	621,000			106.00
107.00	10700	LIVER ACQUISITION	793,800	0	793,800			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	302,400	0	302,400			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,908,720,519	1,358,369,119	3,267,089,638			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,908,720,519	1,358,369,119	3,267,089,638			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/21/2014 10:45 am

Title XIX | Hospital

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		35.02
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06002	LABORATORY - HLA	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	0.000000	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS		
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		100.00
		SPECIAL PURPOSE COST CENTERS		
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
107.00	10700	LIVER ACQUISITION		107.00
108.00	10800	LUNG ACQUISITION		108.00
109.00	10900	PANCREAS ACQUISITION		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)		112.00
114.00	11400	UTILIZATION REVIEW - SNF		114.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part I Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,165,676	0	14,165,676	107,788	131.42	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,700,681		2,700,681	13,022	207.39	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	2,932,560		2,932,560	14,614	200.67	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	714,481		714,481	3,510	203.56	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	3,365,481		3,365,481	14,347	234.58	35.02
40.00	SUBPROVIDER - IPF	1,694,232	0	1,694,232	16,487	102.76	40.00
41.00	SUBPROVIDER - IRF	1,148,562	0	1,148,562	11,107	103.41	41.00
43.00	NURSERY	186,748		186,748	3,880	48.13	43.00
200.00	Total (lines 30-199)	26,908,421		26,908,421	184,755		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	38,846	5,105,141	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,823	1,000,242	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	7,537	1,512,450	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	26	5,293	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	35.02
40.00	SUBPROVIDER - IPF	6,687	687,156	40.00
41.00	SUBPROVIDER - IRF	6,485	670,614	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	64,404	8,980,896	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,759,200	397,290,213	0.027081	83,736,505	2,267,668	50.00
51.00	05100	RECOVERY ROOM	2,111,691	29,398,522	0.071830	6,836,009	491,031	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,546,656	20,788,395	0.074400	185,282	13,785	52.00
53.00	05300	ANESTHESIOLOGY	1,126,500	86,125,901	0.013080	18,988,614	248,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,280,424	292,008,672	0.021508	59,271,631	1,274,814	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,570,999	91,607,102	0.017149	3,273,530	56,138	55.00
56.00	05600	RADIOISOTOPE	544,526	24,333,122	0.022378	2,292,619	51,304	56.00
60.00	06000	LABORATORY	6,736,963	488,574,506	0.013789	91,453,960	1,261,059	60.00
60.01	06002	LABORATORY - HLA	78,057	2,532,465	0.030823	294,460	9,076	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	640,415	76,371,684	0.008386	17,926,926	150,335	62.00
64.00	06400	INTRAVENOUS THERAPY	65,363	36,203,666	0.001805	13,468,456	24,311	64.00
65.00	06500	RESPIRATORY THERAPY	680,051	31,609,440	0.021514	8,680,770	186,758	65.00
66.00	06600	PHYSICAL THERAPY	845,001	27,480,465	0.030749	5,613,984	172,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	583,022	18,199,337	0.032035	3,781,503	121,140	67.00
68.00	06800	SPEECH PATHOLOGY	416,332	7,537,105	0.055238	1,131,509	62,502	68.00
69.00	06900	ELECTROCARDIOLOGY	1,048,013	72,451,380	0.014465	14,000,776	202,521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	262,900	16,599,498	0.015838	3,675,599	58,214	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,951,514	573,771	3.401207	206,738	703,159	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	583,182	205,857,925	0.002833	64,294,057	182,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,085,850	517,165,993	0.004033	73,932,916	298,171	73.00
74.00	07400	RENAL DIALYSIS	106,550	3,624,575	0.029397	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	170,453	12,293,678	0.013865	7,138,303	98,973	76.00
76.01	03021	PSYCH DAY HOSPITAL	455,860	9,046,927	0.050388	1,665	84	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,624,516	138,429,238	0.033407	642,520	21,465	90.00
91.00	09100	EMERGENCY	3,936,954	137,538,338	0.028624	17,309,558	495,469	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	723,475	12,589,239	0.057468	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	49,934,467	2,756,231,157		498,137,890	8,451,117	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part III Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,226,249	478,859	0	0	3,705,108	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	108,482	0		108,482	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	132,919	0		132,919	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	40,299	0		40,299	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	96,765	84,841	0		181,606	35.02
40.00	04000	SUBPROVIDER - IPF	215,615	63,438	0	0	279,053	40.00
41.00	04100	SUBPROVIDER - IRF	86,747	45,987	0	0	132,734	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	3,625,376	954,825	0		4,580,201	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	107,788	34.37	38,846	1,335,137	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,022	8.33	4,823	40,176	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	14,614	9.10	7,537	68,587	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	3,510	11.48	26	298	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	14,347	12.66	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	16,487	16.93	6,687	113,211	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,107	11.95	6,485	77,496	0	41.00
43.00	04300	NURSERY	3,880	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	184,755		64,404	1,634,905	0	200.00

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII Hospital PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	630,015	0	630,015	50.00
51.00	05100	RECOVERY ROOM	0	0	44,186	0	44,186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	40,291	0	40,291	52.00
53.00	05300	ANESTHESIOLOGY	0	366,112	46,114	0	412,226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	349,376	0	349,376	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	230,484	0	230,484	55.00
56.00	05600	RADIOISOTOPE	0	0	14,302	0	14,302	56.00
60.00	06000	LABORATORY	0	0	345,667	0	345,667	60.00
60.01	06002	LABORATORY - HLA	0	0	6,113	0	6,113	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	91,573	0	91,573	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	318	0	318	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	54,964	0	54,964	65.00
66.00	06600	PHYSICAL THERAPY	0	0	32,757	0	32,757	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	21,253	0	21,253	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	477,305	0	477,305	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	75,066	0	75,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,194	0	9,194	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	753,065	0	753,065	73.00
74.00	07400	RENAL DIALYSIS	0	0	21,723	0	21,723	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	27,280	0	27,280	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1,008	0	1,008	90.00
91.00	09100	EMERGENCY	0	0	100,378	0	100,378	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	164,774	24,456	0	189,230	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	530,886	3,396,888	0	3,927,774	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	630,015	397,290,213	0.001586	0.001586	83,736,505	50.00
51.00	05100	RECOVERY ROOM	44,186	29,398,522	0.001503	0.001503	6,836,009	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,291	20,788,395	0.001938	0.001938	185,282	52.00
53.00	05300	ANESTHESIOLOGY	412,226	86,125,901	0.004786	0.004786	18,988,614	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	349,376	292,008,672	0.001196	0.001196	59,271,631	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	230,484	91,607,102	0.002516	0.002516	3,273,530	55.00
56.00	05600	RADIOISOTOPE	14,302	24,333,122	0.000588	0.000588	2,292,619	56.00
60.00	06000	LABORATORY	345,667	488,574,506	0.000708	0.000708	91,453,960	60.00
60.01	06002	LABORATORY - HLA	6,113	2,532,465	0.002414	0.002414	294,460	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	91,573	76,371,684	0.001199	0.001199	17,926,926	62.00
64.00	06400	INTRAVENOUS THERAPY	318	36,203,666	0.000009	0.000009	13,468,456	64.00
65.00	06500	RESPIRATORY THERAPY	54,964	31,609,440	0.001739	0.001739	8,680,770	65.00
66.00	06600	PHYSICAL THERAPY	32,757	27,480,465	0.001192	0.001192	5,613,984	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,253	18,199,337	0.001168	0.001168	3,781,503	67.00
68.00	06800	SPEECH PATHOLOGY	477,305	7,537,105	0.063327	0.063327	1,131,509	68.00
69.00	06900	ELECTROCARDIOLOGY	75,066	72,451,380	0.001036	0.001036	14,000,776	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,194	16,599,498	0.000554	0.000554	3,675,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	573,771	0.000000	0.000000	206,738	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	205,857,925	0.000000	0.000000	64,294,057	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	753,065	517,165,993	0.001456	0.001456	73,932,916	73.00
74.00	07400	RENAL DIALYSIS	21,723	3,624,575	0.005993	0.005993	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,293,678	0.000000	0.000000	7,138,303	76.00
76.01	03021	PSYCH DAY HOSPITAL	27,280	9,046,927	0.003015	0.003015	1,665	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,008	138,429,238	0.000007	0.000007	642,520	90.00
91.00	09100	EMERGENCY	100,378	137,538,338	0.000730	0.000730	17,309,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	189,230	12,589,239	0.015031	0.015031	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,927,774	2,756,231,157			498,137,890	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	132,806	25,780,330	40,888	0	0	50.00
51.00	05100	RECOVERY ROOM	10,275	6,382,956	9,594	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	359	26,333	51	0	0	52.00
53.00	05300	ANESTHESIOLOGY	90,880	7,032,006	33,655	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,889	45,784,586	54,758	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,236	30,572,119	76,919	0	0	55.00
56.00	05600	RADIOISOTOPE	1,348	6,631,994	3,900	0	0	56.00
60.00	06000	LABORATORY	64,749	78,108,511	55,301	0	0	60.00
60.01	06002	LABORATORY - HLA	711	730,012	1,762	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	21,494	3,979,055	4,771	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	121	298,966	3	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,096	203,361	354	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,692	1,943,842	2,317	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,417	633,040	739	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	71,655	815,599	51,649	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,505	7,604,831	7,879	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,036	456,990	253	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,260	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,575,906	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,646	112,259,451	163,450	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	851,508	5,103	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	5	489,061	1,475	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4	46,072,378	323	0	0	90.00
91.00	09100	EMERGENCY	12,636	13,446,111	9,816	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,870,872	28,121	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	636,560	408,565,078	553,081	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.206376	25,780,330	0	0	5,320,441	50.00
51.00	05100	RECOVERY ROOM	0.352139	6,382,956	0	0	2,247,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.502279	26,333	0	0	13,227	52.00
53.00	05300	ANESTHESIOLOGY	0.103182	7,032,006	0	0	725,576	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156486	45,784,586	0	0	7,164,647	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161208	30,572,119	0	0	4,928,470	55.00
56.00	05600	RADIOISOTOPE	0.143359	6,631,994	0	0	950,756	56.00
60.00	06000	LABORATORY	0.168669	78,108,511	27,108	0	13,174,484	60.00
60.01	06002	LABORATORY - HLA	0.524146	730,012	0	0	382,633	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	0.256693	3,979,055	0	0	1,021,396	62.00
64.00	06400	INTRAVENOUS THERAPY	0.031433	298,966	0	0	9,397	64.00
65.00	06500	RESPIRATORY THERAPY	0.371582	203,361	0	0	75,565	65.00
66.00	06600	PHYSICAL THERAPY	0.272374	1,943,842	0	0	529,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.282523	633,040	0	0	178,848	67.00
68.00	06800	SPEECH PATHOLOGY	0.499563	815,599	0	0	407,443	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138122	7,604,831	0	0	1,050,394	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181960	456,990	0	0	83,154	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7.507715	15,260	0	0	114,568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.300764	16,575,906	555,125	0	4,985,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203049	112,259,451	564,868	0	22,794,169	73.00
74.00	07400	RENAL DIALYSIS	0.300209	851,508	0	0	255,630	74.00
76.00	03020	RENAL DIALYSIS I/P	0.290726	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.631895	489,061	0	0	309,035	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.334246	46,072,378	0	0	15,399,508	90.00
91.00	09100	EMERGENCY	0.209760	13,446,111	0	0	2,820,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469458	1,870,872	0	0	878,296	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		408,565,078	1,147,101	0	85,820,669	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		408,565,078	1,147,101	0	85,820,669	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	4,572	0		60.00
60.01	06002	LABORATORY - HLA	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	166,962	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	114,696	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	286,230	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	286,230	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part II
Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,759,200	397,290,213	0.027081	17,446	472	50.00
51.00	05100	RECOVERY ROOM	2,111,691	29,398,522	0.071830	764,837	54,938	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,546,656	20,788,395	0.074400	1,779	132	52.00
53.00	05300	ANESTHESIOLOGY	1,126,500	86,125,901	0.013080	6,121	80	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,280,424	292,008,672	0.021508	393,086	8,454	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,570,999	91,607,102	0.017149	0	0	55.00
56.00	05600	RADIOISOTOPE	544,526	24,333,122	0.022378	13,864	310	56.00
60.00	06000	LABORATORY	6,736,963	488,574,506	0.013789	1,480,975	20,421	60.00
60.01	06002	LABORATORY - HLA	78,057	2,532,465	0.030823	656	20	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	640,415	76,371,684	0.008386	5,253	44	62.00
64.00	06400	INTRAVENOUS THERAPY	65,363	36,203,666	0.001805	164,073	296	64.00
65.00	06500	RESPIRATORY THERAPY	680,051	31,609,440	0.021514	34,596	744	65.00
66.00	06600	PHYSICAL THERAPY	845,001	27,480,465	0.030749	48,326	1,486	66.00
67.00	06700	OCCUPATIONAL THERAPY	583,022	18,199,337	0.032035	591,970	18,964	67.00
68.00	06800	SPEECH PATHOLOGY	416,332	7,537,105	0.055238	35,822	1,979	68.00
69.00	06900	ELECTROCARDIOLOGY	1,048,013	72,451,380	0.014465	330,657	4,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	262,900	16,599,498	0.015838	26,697	423	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,951,514	573,771	3.401207	754	2,565	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	583,182	205,857,925	0.002833	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,085,850	517,165,993	0.004033	1,591,586	6,419	73.00
74.00	07400	RENAL DIALYSIS	106,550	3,624,575	0.029397	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	170,453	12,293,678	0.013865	28,384	394	76.00
76.01	03021	PSYCH DAY HOSPITAL	455,860	9,046,927	0.050388	3,887	196	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,624,516	138,429,238	0.033407	3,357	112	90.00
91.00	09100	EMERGENCY	3,936,954	137,538,338	0.028624	648,571	18,565	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,589,239	0.000000	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	49,210,992	2,756,231,157		6,192,697	141,797	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/21/2014 10:45 am

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	630,015	0	630,015	50.00
51.00	05100	RECOVERY ROOM	0	0	44,186	0	44,186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	40,291	0	40,291	52.00
53.00	05300	ANESTHESIOLOGY	0	366,112	46,114	0	412,226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	349,376	0	349,376	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	230,484	0	230,484	55.00
56.00	05600	RADIOISOTOPE	0	0	14,302	0	14,302	56.00
60.00	06000	LABORATORY	0	0	345,667	0	345,667	60.00
60.01	06002	LABORATORY - HLA	0	0	6,113	0	6,113	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	91,573	0	91,573	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	318	0	318	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	54,964	0	54,964	65.00
66.00	06600	PHYSICAL THERAPY	0	0	32,757	0	32,757	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	21,253	0	21,253	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	477,305	0	477,305	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	75,066	0	75,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,194	0	9,194	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	753,065	0	753,065	73.00
74.00	07400	RENAL DIALYSIS	0	0	21,723	0	21,723	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	27,280	0	27,280	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1,008	0	1,008	90.00
91.00	09100	EMERGENCY	0	0	100,378	0	100,378	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	366,112	3,372,432	0	3,738,544	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/21/2014 10:45 am

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	630,015	397,290,213	0.001586	0.001586	17,446	50.00
51.00	05100	RECOVERY ROOM	44,186	29,398,522	0.001503	0.001503	764,837	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,291	20,788,395	0.001938	0.001938	1,779	52.00
53.00	05300	ANESTHESIOLOGY	412,226	86,125,901	0.004786	0.004786	6,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	349,376	292,008,672	0.001196	0.001196	393,086	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	230,484	91,607,102	0.002516	0.002516	0	55.00
56.00	05600	RADIOISOTOPE	14,302	24,333,122	0.000588	0.000588	13,864	56.00
60.00	06000	LABORATORY	345,667	488,574,506	0.000708	0.000708	1,480,975	60.00
60.01	06002	LABORATORY - HLA	6,113	2,532,465	0.002414	0.002414	656	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	91,573	76,371,684	0.001199	0.001199	5,253	62.00
64.00	06400	INTRAVENOUS THERAPY	318	36,203,666	0.000009	0.000009	164,073	64.00
65.00	06500	RESPIRATORY THERAPY	54,964	31,609,440	0.001739	0.001739	34,596	65.00
66.00	06600	PHYSICAL THERAPY	32,757	27,480,465	0.001192	0.001192	48,326	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,253	18,199,337	0.001168	0.001168	591,970	67.00
68.00	06800	SPEECH PATHOLOGY	477,305	7,537,105	0.063327	0.063327	35,822	68.00
69.00	06900	ELECTROCARDIOLOGY	75,066	72,451,380	0.001036	0.001036	330,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,194	16,599,498	0.000554	0.000554	26,697	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	573,771	0.000000	0.000000	754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	205,857,925	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	753,065	517,165,993	0.001456	0.001456	1,591,586	73.00
74.00	07400	RENAL DIALYSIS	21,723	3,624,575	0.005993	0.005993	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,293,678	0.000000	0.000000	28,384	76.00
76.01	03021	PSYCH DAY HOSPITAL	27,280	9,046,927	0.003015	0.003015	3,887	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,008	138,429,238	0.000007	0.000007	3,357	90.00
91.00	09100	EMERGENCY	100,378	137,538,338	0.000730	0.000730	648,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,589,239	0.000000	0.000000	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,738,544	2,756,231,157			6,192,697	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,150	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	470	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8	0	0	0	0	56.00
60.00	06000	LABORATORY	1,049	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	2	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	60	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	58	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	691	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,268	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	343	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,317	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	12	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	473	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	8,983	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part II
Date/Time Prepared: 11/21/2014 10:45 am

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	10,759,200	397,290,213	0.027081	406,403	11,006	50.00
51.00	05100	RECOVERY ROOM	2,111,691	29,398,522	0.071830	20,434	1,468	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,546,656	20,788,395	0.074400	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,126,500	86,125,901	0.013080	59,851	783	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,280,424	292,008,672	0.021508	618,549	13,304	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,570,999	91,607,102	0.017149	279,928	4,800	55.00
56.00	05600	RADIOISOTOPE	544,526	24,333,122	0.022378	11,174	250	56.00
60.00	06000	LABORATORY	6,736,963	488,574,506	0.013789	1,741,428	24,013	60.00
60.01	06002	LABORATORY - HLA	78,057	2,532,465	0.030823	6,167	190	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	640,415	76,371,684	0.008386	144,195	1,209	62.00
64.00	06400	INTRAVENOUS THERAPY	65,363	36,203,666	0.001805	402,817	727	64.00
65.00	06500	RESPIRATORY THERAPY	680,051	31,609,440	0.021514	135,017	2,905	65.00
66.00	06600	PHYSICAL THERAPY	845,001	27,480,465	0.030749	4,081,948	125,516	66.00
67.00	06700	OCCUPATIONAL THERAPY	583,022	18,199,337	0.032035	3,507,773	112,372	67.00
68.00	06800	SPEECH PATHOLOGY	416,332	7,537,105	0.055238	681,004	37,617	68.00
69.00	06900	ELECTROCARDIOLOGY	1,048,013	72,451,380	0.014465	53,863	779	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	262,900	16,599,498	0.015838	41,397	656	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,951,514	573,771	3.401207	24,953	84,870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	583,182	205,857,925	0.002833	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,085,850	517,165,993	0.004033	2,363,959	9,534	73.00
74.00	07400	RENAL DIALYSIS	106,550	3,624,575	0.029397	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	170,453	12,293,678	0.013865	270,138	3,745	76.00
76.01	03021	PSYCH DAY HOSPITAL	455,860	9,046,927	0.050388	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,624,516	138,429,238	0.033407	694	23	90.00
91.00	09100	EMERGENCY	3,936,954	137,538,338	0.028624	4,359	125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,589,239	0.000000	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	49,210,992	2,756,231,157		14,856,051	435,892	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/21/2014 10:45 am

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	630,015	0	630,015	50.00
51.00	05100	RECOVERY ROOM	0	0	44,186	0	44,186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	40,291	0	40,291	52.00
53.00	05300	ANESTHESIOLOGY	0	366,112	46,114	0	412,226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	349,376	0	349,376	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	230,484	0	230,484	55.00
56.00	05600	RADIOISOTOPE	0	0	14,302	0	14,302	56.00
60.00	06000	LABORATORY	0	0	345,667	0	345,667	60.00
60.01	06002	LABORATORY - HLA	0	0	6,113	0	6,113	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	91,573	0	91,573	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	318	0	318	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	54,964	0	54,964	65.00
66.00	06600	PHYSICAL THERAPY	0	0	32,757	0	32,757	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	21,253	0	21,253	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	477,305	0	477,305	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	75,066	0	75,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,194	0	9,194	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	753,065	0	753,065	73.00
74.00	07400	RENAL DIALYSIS	0	0	21,723	0	21,723	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	27,280	0	27,280	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1,008	0	1,008	90.00
91.00	09100	EMERGENCY	0	0	100,378	0	100,378	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	366,112	3,372,432	0	3,738,544	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/21/2014 10:45 am

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	630,015	397,290,213	0.001586	0.001586	406,403	50.00
51.00	05100	RECOVERY ROOM	44,186	29,398,522	0.001503	0.001503	20,434	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,291	20,788,395	0.001938	0.001938	0	52.00
53.00	05300	ANESTHESIOLOGY	412,226	86,125,901	0.004786	0.004786	59,851	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	349,376	292,008,672	0.001196	0.001196	618,549	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	230,484	91,607,102	0.002516	0.002516	279,928	55.00
56.00	05600	RADIOISOTOPE	14,302	24,333,122	0.000588	0.000588	11,174	56.00
60.00	06000	LABORATORY	345,667	488,574,506	0.000708	0.000708	1,741,428	60.00
60.01	06002	LABORATORY - HLA	6,113	2,532,465	0.002414	0.002414	6,167	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	91,573	76,371,684	0.001199	0.001199	144,195	62.00
64.00	06400	INTRAVENOUS THERAPY	318	36,203,666	0.000009	0.000009	402,817	64.00
65.00	06500	RESPIRATORY THERAPY	54,964	31,609,440	0.001739	0.001739	135,017	65.00
66.00	06600	PHYSICAL THERAPY	32,757	27,480,465	0.001192	0.001192	4,081,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,253	18,199,337	0.001168	0.001168	3,507,773	67.00
68.00	06800	SPEECH PATHOLOGY	477,305	7,537,105	0.063327	0.063327	681,004	68.00
69.00	06900	ELECTROCARDIOLOGY	75,066	72,451,380	0.001036	0.001036	53,863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,194	16,599,498	0.000554	0.000554	41,397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	573,771	0.000000	0.000000	24,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	205,857,925	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	753,065	517,165,993	0.001456	0.001456	2,363,959	73.00
74.00	07400	RENAL DIALYSIS	21,723	3,624,575	0.005993	0.005993	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,293,678	0.000000	0.000000	270,138	76.00
76.01	03021	PSYCH DAY HOSPITAL	27,280	9,046,927	0.003015	0.003015	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,008	138,429,238	0.000007	0.000007	694	90.00
91.00	09100	EMERGENCY	100,378	137,538,338	0.000730	0.000730	4,359	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,589,239	0.000000	0.000000	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,738,544	2,756,231,157			14,856,051	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	645	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	31	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	286	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	740	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	704	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7	0	0	0	0	56.00
60.00	06000	LABORATORY	1,233	0	0	0	0	60.00
60.01	06002	LABORATORY - HLA	15	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	173	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	4	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	235	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,866	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,097	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	43,126	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,442	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	3	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	59,686	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2013 To 06/30/2014

Worksheet D Part IV
Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06002	LABORATORY - HLA	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	107,788	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	107,788	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.	95,806	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,477	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	38,846	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	38,789	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	115,720,568	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	115,720,568	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	244,884,333	28.00
29.00	Private room charges (excluding swing-bed charges)	220,978,686	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	23,905,647	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.472552	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,306.52	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	3,690.85	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	115,720,568	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)	1,073.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	41,704,677	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)	41,704,677	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	23,995,740	13,022	1,842.71	4,823	8,887,390	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	29,522,444	14,614	2,020.15	7,537	15,225,871	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	9,111,129	3,510	2,595.76	26	67,490	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	23,433,683	14,347	1,633.35	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	103,383,261	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	169,268,689	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)	9,067,324	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	9,087,677	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	18,155,001	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	151,113,688	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)	5,505	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,073.59	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	5,910,113	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	14,165,676	115,720,568	0.122413	5,910,113	723,475	90.00
91.00	Nursing School cost	3,226,249	115,720,568	0.027880	5,910,113	164,774	91.00
92.00	Allied health cost	478,859	115,720,568	0.004138	5,910,113	24,456	92.00
93.00	All other Medical Education	0	115,720,568	0.000000	5,910,113	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	16,487	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	16,487	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.	15,630	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	857	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	6,687	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	6,995	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	15,594,910	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	15,594,910	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	37,348,836	28.00
29.00	Private room charges (excluding swing-bed charges)	35,362,725	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,986,111	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.417547	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,262.49	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,317.52	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	15,594,910	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)	945.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,325,166	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	6,325,166	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2013 To 06/30/2014

Worksheet D-1
Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Subprovider - IPF | PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,334,656	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,659,822	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)	800,367	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	150,780	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	951,147	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,708,675	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,694,232	15,594,910	0.108640	0	0	90.00
91.00	Nursing School cost	215,615	15,594,910	0.013826	0	0	91.00
92.00	Allied health cost	63,438	15,594,910	0.004068	0	0	92.00
93.00	All other Medical Education	0	15,594,910	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,107	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,107	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.	7,102	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,005	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	6,485	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)	3,896	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)	11,184,013	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)	11,184,013	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	25,623,849	28.00
29.00	Private room charges (excluding swing-bed charges)	16,384,314	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	9,239,535	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.436469	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,307.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,307.00	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)	11,184,013	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)	1,006.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,529,941	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	6,529,941	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2013 To 06/30/2014

Worksheet D-1
Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Subprovider - IRF | PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	3,843,388	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	10,373,329	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)	748,110	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	495,578	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,243,688	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	9,129,641	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,148,562	11,184,013	0.102697	0	0	90.00
91.00	Nursing School cost	86,747	11,184,013	0.007756	0	0	91.00
92.00	Allied health cost	45,987	11,184,013	0.004112	0	0	92.00
93.00	All other Medical Education	0	11,184,013	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		90,089,057		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		21,365,530		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		30,489,942		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		130,260		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.206376	83,736,505	17,281,205	50.00
51.00	05100	RECOVERY ROOM	0.352139	6,836,009	2,407,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.502279	185,282	93,063	52.00
53.00	05300	ANESTHESIOLOGY	0.103182	18,988,614	1,959,283	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156886	59,271,631	9,298,889	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161208	3,273,530	527,719	55.00
56.00	05600	RADIOISOTOPE	0.143359	2,292,619	328,668	56.00
60.00	06000	LABORATORY	0.168867	91,453,960	15,443,556	60.00
60.01	06002	LABORATORY - HLA	0.524146	294,460	154,340	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	0.256693	17,926,926	4,601,716	62.00
64.00	06400	INTRAVENOUS THERAPY	0.031433	13,468,456	423,354	64.00
65.00	06500	RESPIRATORY THERAPY	0.371582	8,680,770	3,225,618	65.00
66.00	06600	PHYSICAL THERAPY	0.272374	5,613,984	1,529,103	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.282523	3,781,503	1,068,362	67.00
68.00	06800	SPEECH PATHOLOGY	0.499563	1,131,509	565,260	68.00
69.00	06900	ELECTROCARDIOLOGY	0.141493	14,000,776	1,981,012	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181960	3,675,599	668,812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7.507715	206,738	1,552,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.300764	64,294,057	19,337,338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203049	73,932,916	15,012,005	73.00
74.00	07400	RENAL DIALYSIS	0.300209	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.290726	7,138,303	2,075,290	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.631895	1,665	1,052	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.334246	642,520	214,760	90.00
91.00	09100	EMERGENCY	0.209913	17,309,558	3,633,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469458	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		498,137,890	103,383,261	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)		498,137,890		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2013 To 06/30/2014

Worksheet D-3
Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		15,055,640		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.206376	17,446	3,600	50.00
51.00	05100	RECOVERY ROOM	0.352139	764,837	269,329	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.502279	1,779	894	52.00
53.00	05300	ANESTHESIOLOGY	0.103182	6,121	632	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156886	393,086	61,670	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161208	0	0	55.00
56.00	05600	RADIOISOTOPE	0.143359	13,864	1,988	56.00
60.00	06000	LABORATORY	0.168867	1,480,975	250,088	60.00
60.01	06002	LABORATORY - HLA	0.524146	656	344	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	0.256693	5,253	1,348	62.00
64.00	06400	INTRAVENOUS THERAPY	0.031433	164,073	5,157	64.00
65.00	06500	RESPIRATORY THERAPY	0.371582	34,596	12,855	65.00
66.00	06600	PHYSICAL THERAPY	0.272374	48,326	13,163	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.282523	591,970	167,245	67.00
68.00	06800	SPEECH PATHOLOGY	0.499563	35,822	17,895	68.00
69.00	06900	ELECTROCARDIOLOGY	0.141493	330,657	46,786	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181960	26,697	4,858	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7.507715	754	5,661	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.300764	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203049	1,591,586	323,170	73.00
74.00	07400	RENAL DIALYSIS	0.300209	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.290726	28,384	8,252	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.631895	3,887	2,456	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.334246	3,357	1,122	90.00
91.00	09100	EMERGENCY	0.209913	648,571	136,143	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469458	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		6,192,697	1,334,656	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		6,192,697		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2013 To 06/30/2014

Worksheet D-3
Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		14,995,239		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.206376	406,403	83,872	50.00
51.00	05100	RECOVERY ROOM	0.352139	20,434	7,196	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.502279	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103182	59,851	6,176	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156886	618,549	97,042	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.161208	279,928	45,127	55.00
56.00	05600	RADIOISOTOPE	0.143359	11,174	1,602	56.00
60.00	06000	LABORATORY	0.168867	1,741,428	294,070	60.00
60.01	06002	LABORATORY - HLA	0.524146	6,167	3,232	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	0.256693	144,195	37,014	62.00
64.00	06400	INTRAVENOUS THERAPY	0.031433	402,817	12,662	64.00
65.00	06500	RESPIRATORY THERAPY	0.371582	135,017	50,170	65.00
66.00	06600	PHYSICAL THERAPY	0.272374	4,081,948	1,111,817	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.282523	3,507,773	991,027	67.00
68.00	06800	SPEECH PATHOLOGY	0.499563	681,004	340,204	68.00
69.00	06900	ELECTROCARDIOLOGY	0.141493	53,863	7,621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181960	41,397	7,533	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7.507715	24,953	187,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.300764	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203049	2,363,959	480,000	73.00
74.00	07400	RENAL DIALYSIS	0.300209	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.290726	270,138	78,536	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.631895	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.334246	694	232	90.00
91.00	09100	EMERGENCY	0.209913	4,359	915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.469458	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		14,856,051	3,843,388	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)		14,856,051		202.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4
Date/Time Prepared: 11/21/2014 10:45 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	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	57,675	1,073.59	25	26,840	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	16,686	1,842.71	3	5,528	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,020.15	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,595.76	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,633.35	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		74,361		28	32,368	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.206376	677,825	139,887	8.00
9.00	RECOVERY ROOM	51.00	0.352139	16,285	5,735	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.502279	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103182	94,671	9,768	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156486	14,174	2,218	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.161208	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.143359	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.168669	136,434	23,012	18.00
18.01	LABORATORY - HLA	60.01	0.524146	2,881	1,510	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	0.256693	9,673	2,483	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.031433	2,137	67	22.00
23.00	RESPIRATORY THERAPY	65.00	0.371582	8,790	3,266	23.00
24.00	PHYSICAL THERAPY	66.00	0.272374	484	132	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.282523	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.499563	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.138122	755	104	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.181960	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	7.507715	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.300764	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.203049	66,757	13,555	31.00
32.00	RENAL DIALYSIS	74.00	0.300209	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.290726	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.631895	0	0	34.01
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	0.334246	0	0	37.00
38.00	EMERGENCY	91.00	0.209760	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.469458	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,030,866	201,737	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4
Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	Kidney		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	25	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	3	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			28	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	234,105		1,105,227		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	7,661,526		6,305,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	7,895,631		7,410,227		61.00
62.00	Total Usable Organs (see instructions)		115			62.00
63.00	Medicare Usable Organs (see instructions)		93			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.808696			64.00
65.00	Medicare Cost/Charges (see instructions)	6,385,165		5,992,621		65.00
66.00	Revenue for Organs Sold	98,337		98,337		66.00
67.00	Subtotal (line 65 minus line 66)	6,286,828		5,894,284		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	6,286,828	0	5,894,284	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	19	18		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	78		73.00
74.00	Total (sum of lines 70 thru 73)	19	96		74.00
75.00	Organs Transplanted	19	78	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	18	98,337	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	19	96		84.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4
Date/Time Prepared: 11/21/2014 10:45 am

Liver — Hospital — PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	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	1,073.59	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	5,562	1,842.71	1	1,843	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,020.15	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,595.76	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,633.35	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		5,562		1	1,843	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.206376	43,201	8,916	8.00
9.00	RECOVERY ROOM	51.00	0.352139	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.502279	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103182	6,797	701	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156486	2,922	457	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.161208	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.143359	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.168669	37,808	6,377	18.00
18.01	LABORATORY - HLA	60.01	0.524146	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	0.256693	608	156	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.031433	712	22	22.00
23.00	RESPIRATORY THERAPY	65.00	0.371582	2,930	1,089	23.00
24.00	PHYSICAL THERAPY	66.00	0.272374	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.282523	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.499563	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.138122	252	35	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.181960	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	7.507715	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.300764	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.203049	4,674	949	31.00
32.00	RENAL DIALYSIS	74.00	0.300209	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.290726	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.631895	0	0	34.01
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	0.334246	0	0	37.00
38.00	EMERGENCY	91.00	0.209760	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.469458	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			99,904	18,702	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4
Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	Liver		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	20,545		105,466		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)	2,066,566		793,800		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,087,111		899,266		61.00
62.00	Total Usable Organs (see instructions)		18			62.00
63.00	Medicare Usable Organs (see instructions)		8			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.444444			64.00
65.00	Medicare Cost/Charges (see instructions)	927,604		399,673		65.00
66.00	Revenue for Organs Sold	32,779		32,779		66.00
67.00	Subtotal (line 65 minus line 66)	894,825		366,894		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	894,825	0	366,894	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	6		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	12		73.00
74.00	Total (sum of lines 70 thru 73)	0	18		74.00
75.00	Organs Transplanted	0	12	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	6	32,779	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	18		84.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4
Date/Time Prepared: 11/21/2014 10:45 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	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	1,073.59	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	2,781	1,842.71	1	1,843	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,020.15	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,595.76	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,633.35	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		2,781		1	1,843	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.206376	21,601	4,458	8.00
9.00	RECOVERY ROOM	51.00	0.352139	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.502279	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103182	3,398	351	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156486	1,461	229	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.161208	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.143359	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.168669	18,904	3,189	18.00
18.01	LABORATORY - HLA	60.01	0.524146	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	0.256693	304	78	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.031433	356	11	22.00
23.00	RESPIRATORY THERAPY	65.00	0.371582	1,465	544	23.00
24.00	PHYSICAL THERAPY	66.00	0.272374	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.282523	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.499563	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.138122	126	17	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.181960	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	7.507715	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.300764	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.203049	2,337	475	31.00
32.00	RENAL DIALYSIS	74.00	0.300209	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.290726	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.631895	0	0	34.01
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	0.334246	0	0	37.00
38.00	EMERGENCY	91.00	0.209760	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.469458	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			49,952	9,352	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4
Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		Heart		Hospital	PPS	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	11,195		52,733		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,220,594		621,000		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,231,789		673,733		61.00
62.00	Total Usable Organs (see instructions)		9			62.00
63.00	Medicare Usable Organs (see instructions)		7			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.777778			64.00
65.00	Medicare Cost/Charges (see instructions)	958,058		524,015		65.00
66.00	Revenue for Organs Sold	16,390		16,390		66.00
67.00	Subtotal (line 65 minus line 66)	941,668		507,625		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	941,668	0	507,625	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	6		73.00
74.00	Total (sum of lines 70 thru 73)	0	9		74.00
75.00	Organs Transplanted	0	6	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	16,390	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	9		84.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4
Date/Time Prepared: 11/21/2014 10:45 am

Pancreas | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	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	1,073.59	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	1,854	1,842.71	1	1,843	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	2,020.15	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,595.76	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,633.35	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		1,854		1	1,843	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.206376	14,400	2,972	8.00
9.00	RECOVERY ROOM	51.00	0.352139	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.502279	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.103182	2,266	234	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.156486	974	152	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.161208	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.143359	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.168669	12,603	2,126	18.00
18.01	LABORATORY - HLA	60.01	0.524146	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	0.256693	203	52	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.031433	237	7	22.00
23.00	RESPIRATORY THERAPY	65.00	0.371582	977	363	23.00
24.00	PHYSICAL THERAPY	66.00	0.272374	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.282523	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.499563	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.138122	84	12	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.181960	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	7.507715	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.300764	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.203049	1,558	316	31.00
32.00	RENAL DIALYSIS	74.00	0.300209	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.290726	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.631895	0	0	34.01
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	0.334246	0	0	37.00
38.00	EMERGENCY	91.00	0.209760	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.469458	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			33,302	6,234	41.00

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

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2013 To 06/30/2014

Worksheet D-4
Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		Pancreas		Hospital	PPS	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	8,077		35,156		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)	599,076		302,400		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	607,153		337,556		61.00
62.00	Total Usable Organs (see instructions)		8			62.00
63.00	Medicare Usable Organs (see instructions)		7			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.875000			64.00
65.00	Medicare Cost/Charges (see instructions)	531,259		295,362		65.00
66.00	Revenue for Organs Sold	10,926		10,926		66.00
67.00	Subtotal (line 65 minus line 66)	520,333		284,436		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	520,333	0	284,436	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	2		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	6		73.00
74.00	Total (sum of lines 70 thru 73)	0	8		74.00
75.00	Organs Transplanted	0	6	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	2	10,926	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	8		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Hospital	PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		25,727,291			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		77,181,873			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0			1.03
2.00	Outlier payments for discharges. (see instructions)		5,795,692			2.00
2.01	Outlier reconciliation amount		0			2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0			2.02
3.00	Managed Care Simulated Payments		8,026,830			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		539.88			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)		391.99			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		17.61			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		85.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		459.38			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		515.68			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)		459.38			12.00
13.00	Total allowable FTE count for the prior year.		459.38			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.		461.21			14.00
15.00	Sum of lines 12 through 14 divided by 3.		459.99			15.00
16.00	Adjustment for residents in initial years of the program		0.00			16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00			17.00
18.00	Adjusted rolling average FTE count		459.99			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.852023			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.850972			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.850972			21.00
22.00	IME payment adjustment (see instructions)		42,414,270			22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		56.30			24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000			26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000			27.00
28.00	IME add-on adjustment amount (see instructions)		0			28.00
29.00	Total IME payment (sum of lines 22 and 28)		42,414,270			29.00
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.22			30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.05			31.00
32.00	Sum of lines 30 and 31		40.27			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Date/Time Prepared: 11/21/2014 10:45 am

		Title XVIII	Hospital	PPS	
		before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
33.00	Allowable disproportionate share percentage (see instructions)		22.34			33.00
34.00	Disproportionate share adjustment (see instructions)		10,058,085			34.00

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143	35.00
35.01	Factor 3 (see instructions)				0.001435585	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				12,986,848	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				9,713,448	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		9,713,448			36.00
	Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		9,712			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		966	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		9.95			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		7,747			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)		405.45	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0			46.00
47.00	Subtotal (see instructions)		170,890,659			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)		170,890,659			49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		12,935,362			50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		11,275,337			52.00
53.00	Nursing and Allied Health Managed Care payment		139,412			53.00
54.00	Special add-on payments for new technologies		18,597			54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		8,643,654			55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0			56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		1,444,198			57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		636,560			58.00
59.00	Total (sum of amounts on lines 49 through 58)		205,983,779			59.00
60.00	Primary payer payments		161,579			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		205,822,200			61.00
62.00	Deductibles billed to program beneficiaries		7,490,733			62.00
63.00	Coinsurance billed to program beneficiaries		798,050			63.00
64.00	Allowable bad debts (see instructions)		3,064,522			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,991,939			65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/21/2014 10:45 am
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			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,578,671			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		199,525,356			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		0			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		199,525,356			71.00
71.01	Sequestration adjustment (see instructions)		3,990,507			71.01
72.00	Interim payments		189,265,211			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		6,269,638			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		7,900,172			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 (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet DSH | Date/Time Prepared: 11/21/2014 10:45 am

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	9.22	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	31.05	0.00			31.05	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	40.27	0.00			31.05	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	539.88	0.00			539.88	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	22.34	0.00			14.83	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	9.22	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	5.86	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	33,642	0			33,642	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,334	0			2,334	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	544	0			544	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	8,209	0			8,209	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	2,353	0			2,353	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	47,082	0			47,082	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	151,656	0			151,656	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	151,656	0			151,656	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	31.05	0.00			31.05	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet DSH Date/Time Prepared: 11/21/2014 10:45 am
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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	22.44		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		22.44		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		22.44		0.00		31.00

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

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet DSH Date/Time Prepared: 11/21/2014 10:45 am
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		Revised Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	14.83		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	14.83		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	14.83		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	286,230	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	85,267,588	2.00
3.00	PPS payments	77,656,448	3.00
4.00	Outlier payment (see instructions)	425,430	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.818	5.00
6.00	Line 2 times line 5	69,748,887	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	553,081	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	286,230	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,147,101	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,147,101	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	1,147,101	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	860,871	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)	286,230	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	78,634,959	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	111,104	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	14,819,583	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)	63,990,502	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	4,958,400	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	5,103	29.00
30.00	Subtotal (sum of lines 27 through 29)	68,954,005	30.00
31.00	Primary payer payments	9,892	31.00
32.00	Subtotal (line 30 minus line 31)	68,944,113	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	1,389	33.00
34.00	Allowable bad debts (see instructions)	4,576,098	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	2,974,464	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,839,412	36.00
37.00	Subtotal (see instructions)	71,919,966	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	71,919,966	40.00
40.01	Sequestration adjustment (see instructions)	1,438,399	40.01
41.00	Interim payments	70,775,300	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-293,733	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides 1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E-1 Part I Date/Time Prepared: 11/21/2014 10:45 am

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		190,662,257		70,775,300	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	06/30/2014	1,397,046		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-1,397,046		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)		189,265,211		70,775,300	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		6,269,638		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		293,733	6.02
7.00	Total Medicare program liability (see instructions)		195,534,849		70,481,567	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part I Date/Time Prepared: 11/21/2014 10:45 am
Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,796,440		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	02/19/2014	100,511		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)		100,511		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,896,951		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		284,141		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,181,092		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part I Date/Time Prepared: 11/21/2014 10:45 am
Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,980,946		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	02/19/2014	33,262		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)		-33,262		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,947,684		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		187,211		0	6.02
7.00	Total Medicare program liability (see instructions)		10,760,473		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	28,672	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	51,232	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	4,213	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	147,776	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	3,267,089,638	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	110,040,663	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)	1,855,162	8.00
9.00	Sequestration adjustment amount (see instructions)	37,103	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,818,059	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,168,339	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)	649,720	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part II Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	6,062,436	1.00
2.00	Net IPF PPS Outlier Payments	19,418	2.00
3.00	Net IPF PPS ECT Payments	196,078	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	11.57	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	5.29	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)	5.29	8.00
9.00	Average Daily Census (see instructions)	45.169863	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.058693	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	355,823	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,633,755	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	6,633,755	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	6,633,755	18.00
19.00	Deductibles	336,518	19.00
20.00	Subtotal (line 18 minus line 19)	6,297,237	20.00
21.00	Coinsurance	112,194	21.00
22.00	Subtotal (line 20 minus line 21)	6,185,043	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)	6,185,043	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)	122,194	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	6,307,237	31.00
31.01	Sequestration adjustment (see instructions)	126,145	31.01
32.00	Interim payments	5,896,951	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	284,141	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	19,418	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Subprovider - IRF	PPS

		Prior to 10/01	On/After 10/01	
		1.00	1.01	
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)	2,363,923	7,091,768	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0586		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	301,164	610,601	3.00
4.00	Outlier Payments	240,058		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	5.11		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	1.33		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)	1.33		9.00
10.00	Average Daily Census (see instructions)	30.430137		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.029852	0.044435	11.00
12.00	Teaching Adjustment (see instructions)	70,568	315,123	12.00
13.00	Total PPS Payment (see instructions)	10,993,205		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0		16.00
17.00	Subtotal (see instructions)	10,993,205		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	10,993,205		19.00
20.00	Deductibles	70,656		20.00
21.00	Subtotal (line 19 minus line 20)	10,922,549		21.00
22.00	Coinsurance	79,656		22.00
23.00	Subtotal (line 21 minus line 22)	10,842,893		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	10,842,893		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)	137,182		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)	10,980,075		32.00
32.01	Sequestration adjustment (see instructions)	219,602		32.01
33.00	Interim payments	10,947,684		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	-187,211		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		36.00
	TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	240,058		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			440.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			60.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			495.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			540.81	6.00
7.00	Enter the lesser of line 5 or line 6			495.55	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	171.80	314.07	485.87	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.	157.42	287.79	445.21	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	157.42	287.79		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	163.71	278.57		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	178.00	268.13		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	166.38	278.16		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	166.38	278.16		17.00
18.00	Per resident amount	94,149.14	94,149.14		18.00
19.00	Approved amount for resident costs	15,664,534	26,188,525	41,853,059	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			45.26	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			41,853,059	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	64,404	4,213		26.00
27.00	Total Inpatient Days (see instructions)	175,370	175,370		27.00
28.00	Ratio of inpatient days to total inpatient days	0.367246	0.024023		28.00
29.00	Program direct GME amount	15,370,369	1,005,436		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		142,068		30.00
31.00	Net Program direct GME amount			16,233,737	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	21,723	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	3,624,575	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.005993	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	851,508	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	5,103	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	187,301,840	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	8,643,654	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	161,579	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	195,783,915	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	86,106,899	42.00
43.00	Primary payer payments (see instructions)	9,892	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	86,097,007	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	281,880,922	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.694562	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.305438	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	16,233,737	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	11,275,337	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,958,400	50.00

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

Provider CCN: 140119

Period: From 07/01/2013 To 06/30/2014

Worksheet G

Date/Time Prepared: 11/21/2014 10:45 am

		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	115,854,164	0	0	0	1.00
2.00	Temporary investments	643,145,298	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	207,389,736	0	0	0	4.00
5.00	Other receivable	51,651,541	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-41,089,566	0	0	0	6.00
7.00	Inventory	22,034,901	0	0	0	7.00
8.00	Prepaid expenses	13,371,151	0	0	0	8.00
9.00	Other current assets	27,404,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,039,761,225	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	17,497,876	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,698,559,591	0	0	0	15.00
16.00	Accumulated depreciation	-1,008,631,905	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	20,783,410	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	448,475,307	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	17,773,301	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,194,457,580	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	98,807,783	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	37,405,925	495,391,448	47,103,476	34.00
35.00	Total other assets (sum of lines 31-34)	98,807,783	37,405,925	495,391,448	47,103,476	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,333,026,588	37,405,925	495,391,448	47,103,476	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	114,902,642	0	0	0	37.00
38.00	Salaries, wages, and fees payable	132,471,020	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	12,140,000	0	0	0	40.00
41.00	Deferred income	23,489,294	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	153,892,439	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	436,895,395	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	163,593,602	0	0	0	46.00
47.00	Notes payable	489,169,838	0	0	0	47.00
48.00	Unsecured loans	54,702,637	0	0	0	48.00
49.00	Other long term liabilities	95,621,428	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	803,087,505	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	1,239,982,900	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,093,043,688				52.00
53.00	Specific purpose fund		37,405,925			53.00
54.00	Donor created - endowment fund balance - restricted			495,391,448		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				47,103,476	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)	1,093,043,688	37,405,925	495,391,448	47,103,476	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,333,026,588	37,405,925	495,391,448	47,103,476	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-1 | Date/Time Prepared: 11/21/2014 10:45 am

		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		980,902,559		15,922,894		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		89,768,222				2.00
3.00	Total (sum of line 1 and line 2)		1,070,670,781		15,922,894		3.00
4.00	ADDITIONS	22,372,907		21,483,031		39,840,904	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)		22,372,907		21,483,031		10.00
11.00	Subtotal (line 3 plus line 10)		1,093,043,688		37,405,925		11.00
12.00	DEDUCTIONS	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)		1,093,043,688		37,405,925		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	455,550,544		49,467,095		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)	455,550,544		49,467,095		3.00
4.00	ADDITIONS		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)	39,840,904		0		10.00
11.00	Subtotal (line 3 plus line 10)	495,391,448		49,467,095		11.00
12.00	DEDUCTIONS		2,363,619			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		2,363,619		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	495,391,448		47,103,476		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/21/2014 10:45 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	244,884,333		244,884,333	1.00
2.00	SUBPROVIDER - IPF	37,348,836		37,348,836	2.00
3.00	SUBPROVIDER - IRF	25,623,849		25,623,849	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)	307,857,018		307,857,018	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	57,869,299		57,869,299	14.00
15.00	MEDICAL INTENSIVE CARE UNIT	59,576,987		59,576,987	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	16,681,646		16,681,646	15.01
15.02	PREMATURE INTENSIVE CARE UNIT	60,851,331		60,851,331	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	194,979,263		194,979,263	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	502,836,281		502,836,281	17.00
18.00	Ancillary services	1,405,884,238	12,589,239	1,418,473,477	18.00
19.00	Outpatient services	0	1,345,779,880	1,345,779,880	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	148,926,860	740,489,457	889,416,317	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,057,647,379	2,098,858,576	4,156,505,955	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,495,949,770		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	OAK PARK	113,523,821			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)		113,523,821		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	CONSOLIDATION ENTRY	46,954,916			38.00
39.00	PHILANTHROPHY	6,157,057			39.00
40.00	ROOM 500	2,846,888			40.00
41.00	UNLOCATED	1,292			41.00
42.00	Total deductions (sum of lines 37-41)		55,960,153		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,553,513,438		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-3 | Date/Time Prepared: 11/21/2014 10:45 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,156,505,955	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,844,690,614	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,311,815,341	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,553,513,438	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-241,698,097	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	16,331,339	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	62,562,748	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	-2,433,185	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH AND OTHER	99,594,167	24.00
24.01	OTHER REVENUES	73,184,884	24.01
24.02	MEDICAID TAX REVENUE	79,365,833	24.02
24.03	PHILANTHROPHY AND SPECIAL ITEMS	2,860,533	24.03
25.00	Total other income (sum of lines 6-24)	331,466,319	25.00
26.00	Total (line 5 plus line 25)	89,768,222	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)	89,768,222	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2013 To 06/30/2014

Worksheet I-1
Date/Time Prepared: 11/21/2014 10:45 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	267,322	Hours of Service	13,872.00	6.67	1.00
2.00	LICENSED PRACTICAL NURSES	0	Hours of Service	0.00	0.00	2.00
3.00	NURSES AIDES	0	Hours of Service	0.00	0.00	3.00
4.00	TECHNICIANS	52,325	Hours of Service	1,771.00	0.85	4.00
5.00	SOCIAL WORKERS	28,890	Hours of Service	1,065.00	0.51	5.00
6.00	DIETICIANS	14,116	Hours of Service	416.00	0.20	6.00
7.00	PHYSICIANS	143,845	Accumulated Cost			7.00
8.00	NON-PATIENT CARE SALARY	23,214	Accumulated Cost			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	529,712				9.00
10.00	EMPLOYEE BENEFITS	0	Salary			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	Square Feet			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	Percentage of Time			12.00
13.00	MACHINE COSTS & REPAIRS	31	Percentage of Time			13.00
14.00	SUPPLIES	118,142	Requisitions			14.00
15.00	DRUGS	5,959	Requisitions			15.00
16.00	OTHER	37,125	Accumulated Cost			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	690,969				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	71,637	Square Feet			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	2,699	Percentage of Time			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	147,227	Salary			20.00
21.00	ADMINISTRATIVE & GENERAL	145,450	Accumulated Cost			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	72,053	Square Feet			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	21,723				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	Requisitions			24.00
25.00	PHARMACY	-105,582	Requisitions			25.00
26.00	OTHER ALLOCATED COSTS	41,954	Accumulated Cost			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	1,088,130				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	Charges	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	Charges	0		29.00
30.00	RENAL DIALYSIS I/P	0	Charges	0		30.00
30.01	PSYCH DAY HOSPITAL	0	CHARGES	0		30.01
31.00	TOTAL COSTS (SUM OF LINES 27-30)	1,088,130				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2013 To 06/30/2014

Worksheet I-2
Date/Time Prepared: 11/21/2014 10:45 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	143,690	2,730	267,322	95,331	147,227	-99,623	1.00
	MAINTENANCE							
2.00	Hemodialysis	143,690	2,648	108,338	38,635	59,667	-2,157	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	-94,300	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	27	150,824	53,786	83,066	-3,003	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	55	8,160	2,910	4,494	-163	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						105,582	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	143,690	2,730	267,322	95,331	147,227	-99,623	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	118,142	0	674,819	391,588	1,066,407		1.00
	MAINTENANCE							
2.00	Hemodialysis	47,879	0	398,700	231,360	630,060		2.00
3.00	Intermittent Peritoneal	0	0	-94,300	-54,721	-149,021		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	66,657	0	351,357	203,888	555,245		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	3,606	0	19,062	11,061	30,123		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	118,142	0	674,819	391,588	1,066,407		17.00
18.00	Medical Educational Program Costs					21,723		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,088,130		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2013 To 06/30/2014

Worksheet I-3
Date/Time Prepared: 11/21/2014 10:45 am

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		143,690	2,730	267,322	95,331	147,227	1.00
	MAINTENANCE							
2.00	Hemodialysis		1,088	97.00	108,338.00	96,931.00	143,590	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	1.00	150,824.00	134,944.00	199,900	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	129	0	2.00	8,160.00	7,301.00	10,816	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		1,088	100.00	267,322.00	239,176.00	354,306	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		132.068015	27.300000	1.000000	0.398581	0.415536	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	-99,623	118,142	0	674,819	391,588		1.00
	MAINTENANCE							
2.00	Hemodialysis	2,415	47,879	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	3,362	66,656	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	182	3,606	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	105,582						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	111,541	118,141	0		674,819		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-0.893151	1.000008	0.000000		0.580286		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2013 To 06/30/2014

Worksheet I-4
Date/Time Prepared: 11/21/2014 10:45 am

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
1.00	Maintenance - Hemodialysis	1,521	630,060	414.24	423	423	1.00
2.00	Maintenance - Peritoneal Dialysis	0	-149,021	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	6	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	867	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	120	555,245	4,627.04	12	12	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	2,394	1,036,284		423	423	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	2,754					12.00

		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.01	6.02	7.01	7.02	
1.00	Maintenance - Hemodialysis	350,447	75,620	75,620	178.77	178.77	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	0	0	0	0.00	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	6.00
7.00	Home Program - Hemodialysis	0	0	0	0.00	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.01	6.02	7.01	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	111,049	0	0	0.00	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	461,496	75,620	75,620			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 140119 | Period: From 07/01/2013 To 06/30/2014 | Worksheet I-5 | Date/Time Prepared: 11/21/2014 10:45 am

		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)	461,496		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)			2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)	75,620	70,376	2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)	75,620	68,628	2.02
2.03	Total payment due (see instructions)	151,240	139,004	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)			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			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	1,578	1,578	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	1,578	1,578	5.05
6.00	Allowable bad debts (see instructions)	1,389		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)	-1,578	-1,578	8.00
9.00	Program payment (see instructions)	0	111,203	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	1,389		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	1,141,866		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,036,284		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.907536		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140119	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/21/2014 10:45 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	8,213,658	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	919,601	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	404.87	3.00
4.00	Number of interns & residents (see instructions)	459.99	4.00
5.00	Indirect medical education percentage (see instructions)	37.80	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	3,104,763	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	9.22	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	31.05	8.00
9.00	Sum of lines 7 and 8	40.27	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.49	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	697,340	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	12,935,362	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