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: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/18/2014 9:31 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/18/2014 Time: 9:31 am
2. [ ] Manually submitted cost report
3. [1] 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 UNIV OF IOWA HOSP & CLINIC (160058) 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

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-4,623,109	192,672	16,232	0	1.00
2.00	Subprovider - IPF	0	292,568	252		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-4,330,541	192,924	16,232	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 160058

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

Worksheet S-2 Part I Date/Time Prepared: 11/18/2014 9:28 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 200 HAWKINS DRIVE 1353 JCP	PO Box:			1.00
2.00	City: IOWA CITY	State: IA	Zip Code: 52242-1009	County: JOHNSON	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	UNIV OF IOWA HOSP & CLINIC	160058	26980	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	UIHC PSYCHIATRIC HOSPITAL	16S058	26980	4	07/01/1988	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									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	UIHC DIALYSIS CENTER	162306	26980		07/01/1982				18.00
18.01		UIHC - MUSCATINE DIALYSIS CENTER	163504	99916		06/01/1996				18.01
18.02		UIHC - GRINNELL DIALYSIS CENTER	163507	99916		05/01/1997				18.02
18.03		UIHC - NORTH LIBERTY DIALYSIS CENTER	163509	26980		02/01/1998				18.03
18.04		UIHC - WASHINGTON DIALYSIS CENTER	163510	26980		06/01/1999				18.04
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)	10		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	46,188	14,140	740	336	3,856	687	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/18/2014 9:28 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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/18/2014 9:28 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)	N	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)	0.00	461.08	0.000000	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)	PEDIATRICS	2000	0.00	36.12	0.000000	65.00
65.01		FAMILY MEDICINE	1350	0.00	14.87	0.000000	65.01
65.02		FAMILY MEDICINE AND INTERNAL MEDICIN	1351	0.00	0.60	0.000000	65.02
65.03		INTERNAL MEDICINE	1400	0.00	63.51	0.000000	65.03
65.04		OCCUPATIONAL AND ENVIRONMENTAL HEALT	2152	0.00	3.82	0.000000	65.04

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/18/2014 9:28 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)	0.00	493.37	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	17.04	0.000000	67.00
67.01		FAMILY MEDICINE AND INTERNAL MEDICIN	1351	0.00	0.75	0.000000	67.01
67.02		INTERNAL MEDICINE	1400	0.00	60.13	0.000000	67.02
67.03		OCCUPATIONAL AND ENVIRONMENTAL HEALT	2152	0.00	0.89	0.000000	67.03
67.04		PEDIATRICS	2000	0.00	37.65	0.000000	67.04

		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.	N			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)			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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/18/2014 9:28 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.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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.	N	N	N	N	109.00

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	2,051,675	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.	01/01/1970		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.	07/27/1998		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.	08/21/1995		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/27/2009		129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/18/2014 9:28 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)	0.50	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/18/2014 9:28 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: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/18/2014 9:28 am

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

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

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/05/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

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

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

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	10/23/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/18/2014 9:28 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.		N		N	21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	Y	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	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.	N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N	35.00

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICHAEL	HENLEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNIVERSITY OF IOWA HOSPITALS & CLINI		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	319-384-6557	MICHAEL-HENLEY@UIOWA.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/18/2014 9:28 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)	10/23/2014			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DIRECTOR OF REVENUE & REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/18/2014 9:28 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	429	156,585	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		429	156,585	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01	MEDICAL INTENSIVE CARE UNIT	31.01	26	9,490	0.00	0	8.01
9.00	CORONARY CARE UNIT	32.00	14	5,110	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	17	6,205	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	36	13,140	0.00	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	78	28,470	0.00	0	12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	20	7,300	0.00	0	12.01
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		620	226,300	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	73	26,645		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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)		693				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)		12	4,380			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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/18/2014 9:28 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)	40,046	26,370	117,773			1.00
2.00	HMO and other (see instructions)	4,971	19,071				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	40,046	26,370	117,773			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
8.01	MEDICAL INTENSIVE CARE UNIT	2,359	1,865	6,581			8.01
9.00	CORONARY CARE UNIT	1,395	513	3,207			9.00
10.00	BURN INTENSIVE CARE UNIT	83	1,759	4,883			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	3,492	2,340	9,434			11.00
12.00	NEONATAL INTENSIVE CARE UNIT	20	10,959	21,518			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	6	1,141	4,922			12.01
13.00	NURSERY		1,242	3,536			13.00
14.00	Total (see instructions)	47,401	46,189	171,854	555.64	7,029.53	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	7,605	756	25,953	9.49	149.96	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	154			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)				565.13	7,179.49	27.00
28.00	Observation Bed Days		0	4,251			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	687	1,530			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			289			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/18/2014 9:28 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)		0	8,517	9,187	28,903	1.00
2.00	HMO and other (see instructions)			863	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	MEDICAL INTENSIVE CARE UNIT						8.01
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	NEONATAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	8,517	9,187	28,903	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	398	46	1,974	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 11/18/2014 9:28 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	412,291,478	39,346,314	451,637,792	15,564,695.36	29.02	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		0	10,116,346	10,116,346	66,275.23	152.64	4.00
4.01	Physicians - Part A - Teaching		0	16,754,294	16,754,294	120,640.51	138.88	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	25,667,142	8,149,220	33,816,362	1,186,810.42	28.49	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)		14,726,052	2,059,134	16,785,186	625,197.68	26.85	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	2,189,029	2,189,029	39,332.55	55.65	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)		141,245,431	0	141,245,431			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		6,005,444	0	6,005,444			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		0	2,164,898	2,164,898			22.00
22.01	Physician Part A - Teaching		0	3,585,419	3,585,419			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)		12,167,709	0	12,167,709			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	59,277,616	10,674,614	69,952,230	2,078,302.16	33.66	27.00
28.00	Administrative & General under contract (see inst.)		0	4,224,543	4,224,543	32,247.56	131.00	28.00
29.00	Maintenance & Repairs	6.00	8,389,665	381,193	8,770,858	321,716.94	27.26	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	1,208,795	35,550	1,244,345	69,043.20	18.02	31.00
32.00	Housekeeping	9.00	12,183,884	76,004	12,259,888	695,317.65	17.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	9,650,401	-4,349,969	5,300,432	280,832.15	18.87	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	3,463,761	3,463,761	187,839.91	18.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	7,204,231	-540,962	6,663,269	167,849.35	39.70	38.00
39.00	Central Services and Supply	14.00	1,405,110	2,588	1,407,698	73,380.50	19.18	39.00
40.00	Pharmacy	15.00	20,030,798	273,417	20,304,215	573,184.28	35.42	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 11/18/2014 9:28 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	4,732,206	1,622,864	6,355,070	279,883.88	22.71	41.00
42.00	Social Service	17.00	10,347,870	176,756	10,524,626	372,548.13	28.25	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160058

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

Worksheet S-3
Part III
Date/Time Prepared:
11/18/2014 9:28 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)		386,624,336	18,667,343	405,291,679	14,289,491.99	28.36	1.00
2.00	Excluded area salaries (see instructions)		14,726,052	2,059,134	16,785,186	625,197.68	26.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)		371,898,284	16,608,209	388,506,493	13,664,294.31	28.43	3.00
4.00	Subtotal other wages & related costs (see inst.)		0	2,189,029	2,189,029	39,332.55	55.65	4.00
5.00	Subtotal wage-related costs (see inst.)		141,245,431	2,164,898	143,410,329	0.00	36.91	5.00
6.00	Total (sum of lines 3 thru 5)		513,143,715	20,962,136	534,105,851	13,703,626.86	38.98	6.00
7.00	Total overhead cost (see instructions)		134,430,576	16,040,359	150,470,935	5,132,145.71	29.32	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/18/2014 9:28 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	35,212,175	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3,948,332	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)	71,261,051	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	5,239,387	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	4,504,013	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	3,356,955	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,139,005	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	3,794,632	16.00
	TAXES		
17.00	FICA-Employers Portion Only	27,234,908	17.00
18.00	Medicare Taxes - Employers Portion Only	6,776,781	18.00
19.00	Unemployment Insurance	756,844	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	944,817	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	165,168,900	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part V Date/Time Prepared: 11/18/2014 9:28 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			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-5 | Date/Time Prepared: 11/18/2014 9:28 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	128	0	1	0	12	18	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	5.00	7.00	5.00	7.00	2.00
3.00	Average patient dialysis time including setup	4.50	0.00	6.50	8.00			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	312	0					5.00
6.00	Number of stations	56	0	4	1			6.00
7.00	Treatment capacity per day per station	3	0					7.00
8.00	Utilization (see instructions)	61.34	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

		Y/N	
		1.00	
	ESRD PPS		
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)	Y	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	158		11.00
12.00	Number of patients transplanted during the cost reporting period	63		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)	EPOGEN	17,649	0	1,417	0	22.00
22.01		ARANESP	844,815	0	42,318	0	22.01

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-10 | Date/Time Prepared: 11/18/2014 9:28 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)	0.309263	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	163,175,414	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	43,987,955	5.00
6.00	Medicaid charges	671,112,917	6.00
7.00	Medicaid cost (line 1 times line 6)	207,550,394	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)	387,025	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	838,226	9.00
10.00	Stand-alone SCHIP charges	2,401,625	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	742,734	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	387,025	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	8,415,124	35,623,709	44,038,833	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,602,486	11,017,095	13,619,581	21.00
22.00	Partial payment by patients approved for charity care	538,190	157,001	695,191	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,064,296	10,860,094	12,924,390	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)	48,534,562	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	0	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	48,534,562	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	15,009,944	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	27,934,334	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	28,321,359	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/18/2014 9:28 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	CAP REL COSTS-GENERAL HOSP		27,981,375	27,981,375	971,409	28,952,784	1.01
1.02	00102	CAP REL COSTS-WESTLAWN		51,178	51,178	0	51,178	1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG		244,496	244,496	0	244,496	1.03
1.04	00104	CAP REL COSTS-CDD		285,771	285,771	0	285,771	1.04
1.05	00105	CAP REL COSTS-IRL		3,277,189	3,277,189	0	3,277,189	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		38,044,757	38,044,757	354,705	38,399,462	2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL		3,472,777	3,472,777	0	3,472,777	2.05
5.00	00500	ADMINISTRATIVE & GENERAL	59,277,616	168,820,048	228,097,664	-6,586,316	221,511,348	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	8,154,982	40,266,952	48,421,934	-1,476,642	46,945,292	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	230,196	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	91,046	486,024	577,070	168	577,238	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	143,637	2,632,064	2,775,701	541,325	3,317,026	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,208,795	704,325	1,913,120	51,524	1,964,644	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	11,782,305	7,793,409	19,575,714	-89,513	19,486,201	9.01
9.04	00902	HOUSEKEEPING-CDD	140,990	67,998	208,988	260	209,248	9.04
9.05	00905	HOUSEKEEPING-IRL	260,589	145,914	406,503	79,719	486,222	9.05
10.00	01000	DIETARY	9,650,401	10,826,206	20,476,607	-9,680,497	10,796,110	10.00
11.00	01100	CAFETERIA	0	0	0	7,701,037	7,701,037	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	7,204,231	5,415,402	12,619,633	-774,163	11,845,470	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,405,110	579,186	1,984,296	2,198	1,986,494	14.00
15.00	01500	PHARMACY	20,030,798	108,839,874	128,870,672	6,637,236	135,507,908	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	1,306,378	1,109,639	2,416,017	895,119	3,311,136	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	3,425,828	1,942,364	5,368,192	6,310	5,374,502	16.02
17.00	01700	SOCIAL SERVICE	10,347,870	5,203,261	15,551,131	368,910	15,920,041	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	25,667,142	10,120,761	35,787,903	77,013	35,864,916	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	694,857	1,302,950	1,997,807	45,029	2,042,836	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	68,314	24,269	92,583	126	92,709	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	478,290	205,178	683,468	482,485	1,165,953	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	738,113	258,358	996,471	194,390	1,190,861	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	47,527,102	22,711,076	70,238,178	-4,957,041	65,281,137	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	5,078,893	2,732,308	7,811,201	-141,852	7,669,349	31.01
32.00	03200	CORONARY CARE UNIT	3,835,582	1,935,791	5,771,373	-1,817,231	3,954,142	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,945,757	1,812,871	4,758,628	-242,157	4,516,471	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,750,932	4,211,146	11,962,078	-300,784	11,661,294	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,525,933	5,348,799	17,874,732	150,659	18,025,391	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,217,726	2,384,857	7,602,583	-122,379	7,480,204	35.01
40.00	04000	SUBPROVIDER - IPF	8,251,472	3,347,348	11,598,820	13,953	11,612,773	40.00
43.00	04300	NURSERY	218,395	67,139	285,534	1,256,771	1,542,305	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,119,734	72,436,417	94,556,151	-36,470,741	58,085,410	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,727,576	1,530,927	4,258,503	-635,492	3,623,011	52.00
53.00	05300	ANESTHESIOLOGY	1,789,529	3,278,543	5,068,072	-222,014	4,846,058	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,044,343	12,714,036	21,758,379	-8,764,243	12,994,136	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,587,309	3,072,808	6,660,117	1,165,542	7,825,659	55.00
55.01	03630	ULTRA SOUND	1,532,592	768,898	2,301,490	415,202	2,716,692	55.01
55.02	05501	RADIOLOGY - PET SCAN	1,354,915	1,296,271	2,651,186	-22,964	2,628,222	55.02
57.00	05700	CT SCAN	1,327,447	1,215,382	2,542,829	841,659	3,384,488	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,257,230	1,106,817	2,364,047	220,724	2,584,771	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,276,166	11,971,330	14,247,496	-10,727,319	3,520,177	59.00
60.00	06000	LABORATORY	13,907,078	27,494,831	41,401,909	-4,244,460	37,157,449	60.00
60.01	06001	ANATOMICAL LABORATORY	1,898,532	1,287,372	3,185,904	3,496	3,189,400	60.01
60.02	03140	CARDIOLOGY	4,991,375	6,044,166	11,035,541	-3,160,111	7,875,430	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,457,356	2,483,880	3,941,236	2,283,119	6,224,355	63.00
63.01	03540	ORTHOTIC SERVICES	53,019	1,499,401	1,552,420	1,253,623	2,806,043	63.01
63.02	06301	BONE MARROW TRANSPLANT	700,628	2,624,641	3,325,269	1,290	3,326,559	63.02
65.00	06500	RESPIRATORY THERAPY	5,724,868	4,949,420	10,674,288	-4,617,043	6,057,245	65.00
66.00	06600	PHYSICAL THERAPY	4,298,900	1,662,589	5,961,489	-673,079	5,288,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,426,909	542,169	1,969,078	43,201	2,012,279	67.00
69.00	06900	ELECTROCARDIOLOGY	339,525	270,403	609,928	625	610,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,736,390	1,002,489	2,738,879	-32,718	2,706,161	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	496,252	496,252	20,932,380	21,428,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,644,970	50,644,970	72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/18/2014 9:28 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	721	721	73.00
74.00	07400	RENAL DIALYSIS	3,157,163	3,006,557	6,163,720	64,372	6,228,092	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,327,852	9,825,802	15,153,654	-4,132,039	11,021,615	75.00
76.00	03950	IVF/CULTURE LAB	1,337,996	803,369	2,141,365	-54,143	2,087,222	76.00
76.02	03951	URODYNAMICS	144,293	330,703	474,996	1,661	476,657	76.02
76.03	03952	SPINE TREATMENT CENTER	555,006	364,645	919,651	-47,469	872,182	76.03
76.04	03520	OPHTHALMOLOGY	922,163	526,685	1,448,848	36,477	1,485,325	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	2,262,345	3,315,479	5,577,824	-770,538	4,807,286	76.05
76.06	03580	RECREATIONAL THERAPY	496,732	196,612	693,344	79,826	773,170	76.06
76.07	03956	CDC - REHAB	270,964	103,945	374,909	499	375,408	76.07
76.08	03957	DIABETES EDUCATION	342,322	125,633	467,955	40,585	508,540	76.08
76.97	07697	CARDIAC REHABILITATION	848,840	335,194	1,184,034	79,323	1,263,357	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	168,149	72,620	240,769	310	241,079	76.98
76.99	07699	LITHOTRIPSY	172,464	983,227	1,155,691	-475,007	680,684	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	585,444	454,531	1,039,975	-116,431	923,544	90.01
90.02	09002	DERMATOLOGY CLINIC	836,367	560,712	1,397,079	-87,163	1,309,916	90.02
90.03	09003	ORAL SURGERY CLINIC	842,693	494,278	1,336,971	-88,010	1,248,961	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	4,074,532	2,281,110	6,355,642	-22,251	6,333,391	90.04
90.05	09005	NEUROLOGY CLINIC	834,681	472,800	1,307,481	-139,186	1,168,295	90.05
90.06	09006	OB-GYN CLINIC	1,967,728	1,412,282	3,380,010	-223,671	3,156,339	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	2,663,865	1,626,653	4,290,518	65,489	4,356,007	90.07
90.08	09008	ORTHOPAEDICS CLINIC	2,224,500	1,237,312	3,461,812	-17,629	3,444,183	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	2,396,458	2,292,123	4,688,581	-188,094	4,500,487	90.09
90.10	09010	PEDIATRIC CLINIC	4,841,682	2,504,792	7,346,474	63,559	7,410,033	90.10
90.11	09011	SURGERY CLINIC	1,432,345	785,486	2,217,831	584,151	2,801,982	90.11
90.12	09012	UROLOGY CLINIC	863,805	593,891	1,457,696	-157,396	1,300,300	90.12
90.13	09013	PSYCHIATRIC CLINIC	1,964,504	1,356,319	3,320,823	1,392	3,322,215	90.13
90.14	09014	CANCER CLINIC	4,956,485	3,293,980	8,250,465	-904,726	7,345,739	90.14
90.15	09015	FAMILY CARE CLINIC	4,702,693	2,275,414	6,978,107	-448,000	6,530,107	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	747,937	655,901	1,403,838	-141,425	1,262,413	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	135,662	106,989	242,651	-2,996	239,655	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	546,974	246,858	793,832	403,603	1,197,435	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	135,592	99,293	234,885	124,012	358,897	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	812,374	412,661	1,225,035	612,410	1,837,445	90.24
90.26	09026	IRL-OB/GYN CLINIC	617,585	396,162	1,013,747	581,330	1,595,077	90.26
90.27	09027	IRL-OPHTHALMOLOGY	266,029	279,670	545,699	214,732	760,431	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	1,299	1,299	1,264	2,563	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	189,615	117,353	306,968	137,546	444,514	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	605,463	320,264	925,727	505,895	1,431,622	90.30
90.32	09032	IRL-UROLOGY CLINIC	319,411	191,096	510,507	199,015	709,522	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	153,955	116,384	270,339	104,291	374,630	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	193,999	98,079	292,078	148,456	440,534	90.40
91.00	09100	EMERGENCY	12,202,443	5,081,648	17,284,091	-2,378,769	14,905,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	239,959	538,175	778,134	-220,890	557,244	94.00
95.00	09500	AMBULANCE SERVICES	1,220,587	4,053,928	5,274,515	2,248	5,276,763	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,183,952	2,826,115	4,010,067	-727,499	3,282,568	105.00
106.00	10600	HEART ACQUISITION	351,425	1,082,418	1,433,843	-216,663	1,217,180	106.00
107.00	10700	LIVER ACQUISITION	195,441	1,326,295	1,521,736	213,437	1,735,173	107.00
108.00	10800	LUNG ACQUISITION	196,976	809,973	1,006,949	-99,907	907,042	108.00
109.00	10900	PANCREAS ACQUISITION	0	225,146	225,146	60,478	285,624	109.00
113.00	11300	INTEREST EXPENSE		8,607,176	8,607,176	0	8,607,176	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	410,489,955	713,627,139	1,124,117,094	-5,225,206	1,118,891,888	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	1,143,771	689,492	1,833,263	1,648,776	3,482,039	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	1,043	3,457	4,500	2	4,502	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	36,473	36,473	-36,472	1	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	69,063	69,063	190.05
190.06	19006	PATIENT EDUCATION SERVICE	501,471	189,207	690,678	24,230	714,908	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	2,268,544	2,268,544	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/18/2014 9:28 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	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	37,216	-101,592	-64,376	1,250,846	1,186,470	190.13
190.14	19014	EPIC REMOTE HOSTING	118,022	72,318	190,340	217	190,557	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
200.00		TOTAL (SUM OF LINES 118-199)	412,291,478	714,516,494	1,126,807,972	0	1,126,807,972	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/18/2014 9:28 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	CAP REL COSTS-GENERAL HOSP	-495,869	28,456,915		1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	51,178		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,496		1.03
1.04	00104	CAP REL COSTS-CDD	0	285,771		1.04
1.05	00105	CAP REL COSTS-IRL	-61,592	3,215,597		1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,272	38,398,190		2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL	0	3,472,777		2.05
5.00	00500	ADMINISTRATIVE & GENERAL	-95,817,000	125,694,348		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	-2,685,562	44,259,730		6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	230,196		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	577,238		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	3,317,026		6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,964,644		8.00
9.00	00900	HOUSEKEEPING	0	0		9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	24,382	19,510,583		9.01
9.04	00902	HOUSEKEEPING-CDD	0	209,248		9.04
9.05	00905	HOUSEKEEPING-IRL	0	486,222		9.05
10.00	01000	DIETARY	-35,899	10,760,211		10.00
11.00	01100	CAFETERIA	-7,688,323	12,714		11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0		11.01
13.00	01300	NURSING ADMINISTRATION	-185,187	11,660,283		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,986,494		14.00
15.00	01500	PHARMACY	-84,282	135,423,626		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		16.00
16.01	01601	MEDICAL RECORDS PREPARATION	144,426	3,455,562		16.01
16.02	01602	MEDICAL RECORDS PROCESSING	-704,628	4,669,874		16.02
17.00	01700	SOCIAL SERVICE	-177,716	15,742,325		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	10,727,679	46,592,595		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,088,755	14,131,591		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	92,709		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	1,165,953		23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	-146,508	1,044,353		23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0		23.05
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-131,952	65,149,185		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	7,669,349		31.01
32.00	03200	CORONARY CARE UNIT	0	3,954,142		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-122,758	4,393,713		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	11,661,294		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-4,888	18,020,503		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-639	7,479,565		35.01
40.00	04000	SUBPROVIDER - IPF	-1,047,409	10,565,364		40.00
43.00	04300	NURSERY	0	1,542,305		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-113,451	57,971,959		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,623,011		52.00
53.00	05300	ANESTHESIOLOGY	625,536	5,471,594		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-44,718	12,949,418		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-901,938	6,923,721		55.00
55.01	03630	ULTRA SOUND	-1,675	2,715,017		55.01
55.02	05501	RADIOLOGY - PET SCAN	-465,666	2,162,556		55.02
57.00	05700	CT SCAN	0	3,384,488		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,584,771		58.00
59.00	05900	CARDIAC CATHETERIZATION	-7,106	3,513,071		59.00
60.00	06000	LABORATORY	772,970	37,930,419		60.00
60.01	06001	ANATOMICAL LABORATORY	688,850	3,878,250		60.01
60.02	03140	CARDIOLOGY	-217,736	7,657,694		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,224,355		63.00
63.01	03540	ORTHOTIC SERVICES	0	2,806,043		63.01
63.02	06301	BONE MARROW TRANSPLANT	-28,186	3,298,373		63.02
65.00	06500	RESPIRATORY THERAPY	-7,233	6,050,012		65.00
66.00	06600	PHYSICAL THERAPY	-173,588	5,114,822		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,012,279		67.00
69.00	06900	ELECTROCARDIOLOGY	-22,730	587,823		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,706,161		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,428,632		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,644,970		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	721		73.00
74.00	07400	RENAL DIALYSIS	0	6,228,092		74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
75.00	07500	ASC (NON-DISTINCT PART)	-5,491	11,016,124		75.00
76.00	03950	IVF/CULTURE LAB	0	2,087,222		76.00
76.02	03951	URODYNAMICS	0	476,657		76.02
76.03	03952	SPINE TREATMENT CENTER	0	872,182		76.03
76.04	03520	OPHTHALMOLOGY	0	1,485,325		76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	4,807,286		76.05
76.06	03580	RECREATIONAL THERAPY	0	773,170		76.06
76.07	03956	CDC - REHAB	-9,460	365,948		76.07
76.08	03957	DIABETES EDUCATION	0	508,540		76.08
76.97	07697	CARDIAC REHABILITATION	-12,772	1,250,585		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	241,079		76.98
76.99	07699	LITHOTRIPSY	0	680,684		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	923,544		90.01
90.02	09002	DERMATOLOGY CLINIC	330,415	1,640,331		90.02
90.03	09003	ORAL SURGERY CLINIC	-29,885	1,219,076		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,509,659	7,843,050		90.04
90.05	09005	NEUROLOGY CLINIC	282,643	1,450,938		90.05
90.06	09006	OB-GYN CLINIC	1,032,511	4,188,850		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,609,344	5,965,351		90.07
90.08	09008	ORTHOPAEDICS CLINIC	1,554,545	4,998,728		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	757,226	5,257,713		90.09
90.10	09010	PEDIATRIC CLINIC	1,335,545	8,745,578		90.10
90.11	09011	SURGERY CLINIC	1,291,120	4,093,102		90.11
90.12	09012	UROLOGY CLINIC	470,497	1,770,797		90.12
90.13	09013	PSYCHIATRIC CLINIC	38,335	3,360,550		90.13
90.14	09014	CANCER CLINIC	0	7,345,739		90.14
90.15	09015	FAMILY CARE CLINIC	-3,050,017	3,480,090		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	1,262,413		90.16
90.17	09017	FAMILY PRACTICE	0	0		90.17
90.18	09018	IOWA RIVER LANDING	0	0		90.18
90.19	09019	BURN CLINIC	0	239,655		90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	-6,976	1,190,459		90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	358,897		90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	1,837,445		90.24
90.26	09026	IRL-OB/GYN CLINIC	-3,239	1,591,838		90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	760,431		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	2,563		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	444,514		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	1,431,622		90.30
90.32	09032	IRL-UROLOGY CLINIC	0	709,522		90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	374,630		90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	440,534		90.40
91.00	09100	EMERGENCY	-6,818,767	8,086,555		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	557,244		94.00
95.00	09500	AMBULANCE SERVICES	0	5,276,763		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	212,183	3,494,751		105.00
106.00	10600	HEART ACQUISITION	13,733	1,230,913		106.00
107.00	10700	LIVER ACQUISITION	79,992	1,815,165		107.00
108.00	10800	LUNG ACQUISITION	34,157	941,199		108.00
109.00	10900	PANCREAS ACQUISITION	42,519	328,143		109.00
113.00	11300	INTEREST EXPENSE	-8,607,176	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-94,252,272	1,024,639,616		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,397,103	1,397,103		190.00
190.01	19001	VENDING/PATIENT ART	-363,022	3,119,017		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	4,502		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	1		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	69,063		190.05
190.06	19006	PATIENT EDUCATION SERVICE	-27,531	687,377		190.06
190.07	19007	NON-ALLOWABLE	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	2,268,544		190.08
190.09	19009	CONTACT LENS CLINIC	0	0		190.09
190.10	19015	IRL PHYSICIANS	0	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	525,035	1,711,505		190.13
190.14	19014	EPIC REMOTE HOSTING	-190,557	0		190.14

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
191.00	19100	RESEARCH	0	0				191.00
200.00		TOTAL (SUM OF LINES 118-199)	-92,911,244	1,033,896,728				200.00

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AA - A121-A ORTHOTIC SUPPLIES				
1.00	ORTHOTIC SERVICES	63.01		2,555,906	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
	TOTALS		0	2,555,906	
	AB - A121-B MED SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		21,350,506	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

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	21,350,506	
	AC - A133 AGENCY RECLASS				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	28,465	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	175,301	2.00
3.00	MEDICAL INTENSIVE CARE UNIT	31.01	0	81,940	3.00
4.00	CORONARY CARE UNIT	32.00	0	20,199	4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	29,410	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	156,679	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	58,525	7.00
8.00	OPERATING ROOM	50.00	0	826,495	8.00
9.00	ULTRA SOUND	55.01	0	66,173	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	480,576	10.00
11.00	RENAL DIALYSIS	74.00	0	30,028	11.00
12.00	DIGESTIVE DISEASE CNTR	76.05	0	151,939	12.00
13.00	PEDIATRIC CLINIC	90.10	0	494	13.00
14.00	FAMILY CARE CLINIC	90.15	0	26,315	14.00
15.00	IRL-PEDIATRICS CLINIC	90.30	0	32,005	15.00
16.00	EMERGENCY	91.00	0	24,485	16.00
	TOTALS		0	2,189,029	
	AD - A123 BLOOD RECLASS				
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,306,261	1.00
	TOTALS		0	2,306,261	
	AE - A124 CLINIC SALARIES				
1.00	MEDICAL RECORDS PREPARATION	16.01	451,358	212,755	1.00
2.00	OTHER NON-ALLOWABLE	190.13	616,186	232,752	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
	TOTALS		1,067,544	445,507	
	AF - A125 MOVE RAD RX ADMIN/ENGIN COSTS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	18,366	58,647	1.00
2.00	PARAMEDICAL EDUC - RAD TECH	23.04	46,034	146,996	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	307,676	982,476	3.00
4.00	ULTRA SOUND	55.01	54,837	175,106	4.00
5.00	RADIOLOGY - PET SCAN	55.02	122,476	391,093	5.00
6.00	CT SCAN	57.00	117,470	375,109	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	109,211	348,735	7.00
8.00	ULTRA SOUND	55.01		189,363	8.00
9.00	RADIOLOGY - PET SCAN	55.02		49,234	9.00
10.00	CT SCAN	57.00		682,667	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		162,662	11.00
	TOTALS		776,070	3,562,088	

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AH - A127 THERAPY ADMIN					
1.00	ORTHOTIC SERVICES	63.01	123,783	52,901		1.00
2.00	OCCUPATIONAL THERAPY	67.00	127,562	54,516		2.00
3.00	RECREATIONAL THERAPY	76.06	55,284	23,627		3.00
4.00	CARDIAC REHABILITATION	76.97	34,482	14,736		4.00
5.00	PSYCHIATRIC CLINIC	90.13	4,039	1,726		5.00
6.00	PATIENT EDUCATION SERVICE	190.06	51,033	21,810		6.00
	TOTALS		396,183	169,316		
	AJ - A129 REHAB THERAPY PSYCH					
1.00	PSYCHIATRIC CLINIC	90.13	35,415	14,122		1.00
	TOTALS		35,415	14,122		
	AK - A130 VACATION SICK ACCRUAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	109,181	0		1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	15,020	0		2.00
3.00	MAINTENANCE & REPAIRS-CDD	6.04	168	0		3.00
4.00	MAINTENANCE & REPAIRS-IRL	6.05	265	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	2,226	0		5.00
6.00	HOUSEKEEPING-GENERAL HOSPITAL	9.01	21,701	0		6.00
7.00	HOUSEKEEPING-CDD	9.04	260	0		7.00
8.00	HOUSEKEEPING-IRL	9.05	480	0		8.00
9.00	DIETARY	10.00	17,775	0		9.00
10.00	NURSING ADMINISTRATION	13.00	13,269	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	2,588	0		11.00
12.00	PHARMACY	15.00	36,894	0		12.00
13.00	MEDICAL RECORDS PREPARATION	16.01	2,406	0		13.00
14.00	MEDICAL RECORDS PROCESSING	16.02	6,310	0		14.00
15.00	SOCIAL SERVICE	17.00	19,059	0		15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,280	0		16.00
17.00	PARAMEDICAL EDUC - DIETARY	23.01	126	0		17.00
18.00	PARAMEDICAL EDUC - PHARMACY	23.02	881	0		18.00
19.00	PARAMEDICAL EDUC - RAD TECH	23.04	1,360	0		19.00
20.00	ADULTS & PEDIATRICS	30.00	87,539	0		20.00
21.00	MEDICAL INTENSIVE CARE UNIT	31.01	9,355	0		21.00
22.00	CORONARY CARE UNIT	32.00	7,065	0		22.00
23.00	BURN INTENSIVE CARE UNIT	33.00	5,426	0		23.00
24.00	SURGICAL INTENSIVE CARE UNIT	34.00	14,276	0		24.00
25.00	NEONATAL INTENSIVE CARE UNIT	35.00	23,071	0		25.00
26.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	9,610	0		26.00
27.00	SUBPROVIDER - IPF	40.00	15,198	0		27.00
28.00	NURSERY	43.00	402	0		28.00
29.00	OPERATING ROOM	50.00	40,742	0		29.00
30.00	DELIVERY ROOM & LABOR ROOM	52.00	5,024	0		30.00
31.00	ANESTHESIOLOGY	53.00	3,296	0		31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	16,658	0		32.00
33.00	RADIOLOGY-THERAPEUTIC	55.00	6,607	0		33.00
34.00	ULTRA SOUND	55.01	2,823	0		34.00
35.00	RADIOLOGY - PET SCAN	55.02	2,496	0		35.00
36.00	CT SCAN	57.00	2,445	0		36.00
37.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,316	0		37.00
38.00	CARDIAC CATHETERIZATION	59.00	4,192	0		38.00
39.00	LABORATORY	60.00	25,615	0		39.00
40.00	ANATOMICAL LABORATORY	60.01	3,497	0		40.00
41.00	CARDIOLOGY	60.02	9,193	0		41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	2,684	0		42.00
43.00	ORTHOTIC SERVICES	63.01	98	0		43.00
44.00	BONE MARROW TRANSPLANT	63.02	1,290	0		44.00
45.00	RESPIRATORY THERAPY	65.00	10,544	0		45.00
46.00	PHYSICAL THERAPY	66.00	7,918	0		46.00
47.00	OCCUPATIONAL THERAPY	67.00	2,628	0		47.00
48.00	ELECTROCARDIOLOGY	69.00	625	0		48.00
49.00	ELECTROENCEPHALOGRAPHY	70.00	3,198	0		49.00
50.00	RENAL DIALYSIS	74.00	5,815	0		50.00
51.00	ASC (NON-DISTINCT PART)	75.00	9,813	0		51.00
52.00	IVF/CULTURE LAB	76.00	2,464	0		52.00
53.00	URODYNAMICS	76.02	266	0		53.00
54.00	SPINE TREATMENT CENTER	76.03	1,022	0		54.00
55.00	OPHTHALMOLOGY	76.04	1,699	0		55.00
56.00	DIGESTIVE DISEASE CNTR	76.05	4,167	0		56.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
57.00	RECREATIONAL THERAPY	76.06	915	0	57.00
58.00	CDC - REHAB	76.07	499	0	58.00
59.00	DIABETES EDUCATION	76.08	631	0	59.00
60.00	CARDIAC REHABILITATION	76.97	1,563	0	60.00
61.00	HYPERBARIC OXYGEN THERAPY	76.98	310	0	61.00
62.00	LITHOTRIPSY	76.99	318	0	62.00
63.00	ANESTHESIA PAIN CLINIC	90.01	1,078	0	63.00
64.00	DERMATOLOGY CLINIC	90.02	1,540	0	64.00
65.00	ORAL SURGERY CLINIC	90.03	1,552	0	65.00
66.00	INTERNAL MEDICINE CLINIC	90.04	7,505	0	66.00
67.00	NEUROLOGY CLINIC	90.05	1,537	0	67.00
68.00	OB-GYN CLINIC	90.06	3,624	0	68.00
69.00	OPHTHALMOLOGY CLINIC	90.07	4,906	0	69.00
70.00	ORTHOPAEDICS CLINIC	90.08	4,097	0	70.00
71.00	OTOLARYNGOLOGY CLINIC	90.09	4,414	0	71.00
72.00	PEDIATRIC CLINIC	90.10	8,918	0	72.00
73.00	SURGERY CLINIC	90.11	2,638	0	73.00
74.00	UROLOGY CLINIC	90.12	1,591	0	74.00
75.00	PSYCHIATRIC CLINIC	90.13	3,618	0	75.00
76.00	CANCER CLINIC	90.14	9,129	0	76.00
77.00	FAMILY CARE CLINIC	90.15	8,662	0	77.00
78.00	ORTHO SPORTS MED CLINIC	90.16	1,378	0	78.00
79.00	BURN CLINIC	90.19	250	0	79.00
80.00	IRL-CARDIOLOGY CLINIC	90.20	1,007	0	80.00
81.00	IRL-DERMATOLOGY CLINIC	90.22	250	0	81.00
82.00	IRL-INTERNAL MEDICINE CLINIC	90.24	1,496	0	82.00
83.00	IRL-OB/GYN CLINIC	90.26	1,138	0	83.00
84.00	IRL-OPHTHALMOLOGY	90.27	490	0	84.00
85.00	IRL-OTOLARYNGOLOGY CLINIC	90.29	349	0	85.00
86.00	IRL-PEDIATRICS CLINIC	90.30	1,115	0	86.00
87.00	IRL-UROLOGY CLINIC	90.32	588	0	87.00
88.00	IRL-GASTROENTEROLOGY CLINIC	90.38	284	0	88.00
89.00	IRL-DIABETES CENTER CLINIC	90.40	357	0	89.00
90.00	EMERGENCY	91.00	22,475	0	90.00
91.00	HOME PROGRAM DIALYSIS	94.00	442	0	91.00
92.00	AMBULANCE SERVICES	95.00	2,248	0	92.00
93.00	KIDNEY ACQUISITION	105.00	2,181	0	93.00
94.00	HEART ACQUISITION	106.00	647	0	94.00
95.00	LIVER ACQUISITION	107.00	360	0	95.00
96.00	LUNG ACQUISITION	108.00	363	0	96.00
97.00	VENDING/PATIENT ART	190.01	2,107	0	97.00
98.00	PATIENT TRANSPORTATION SERVICE	190.02	2	0	98.00
99.00	PATIENT EDUCATION SERVICE	190.06	924	0	99.00
100.00	OTHER NON-ALLOWABLE	190.13	69	0	100.00
101.00	EPIC REMOTE HOSTING	190.14	217	0	101.00
			712,108	0	
	AL - A131 TRANSCRIPTION SVC				
1.00	MEDICAL RECORDS PREPARATION	16.01	0	228,600	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
	TOTALS		0	228,600	
	AM - A132 PHARMACY CHGD TO PATIENTS				
1.00	PHARMACY	15.00		6,501,711	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

	Cost Center	Increases Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	6,501,711	
	AO - A134 RENAL DIALYSIS SALARIES				
1.00	HOME PROGRAM DIALYSIS	94.00	44,971	20,443	1.00
2.00	RENAL DIALYSIS	74.00	120,201	269,087	2.00
	TOTALS		165,172	289,530	
	AP - A135 ALLOCATION OF TRANSPLANT STAFF				
1.00	CARDIOLOGY	60.02	243,780	82,849	1.00
2.00	SURGERY CLINIC	90.11	507,733	178,690	2.00
3.00	LIVER ACQUISITION	107.00	46,946	10,100	3.00
4.00	PANCREAS ACQUISITION	109.00	32,616	11,058	4.00
5.00	OTHER NON-ALLOWABLE	190.13	5,985	2,183	5.00
6.00	SOCIAL SERVICE	17.00	114,604	40,639	6.00
	TOTALS		951,664	325,519	
	AQ - A136 PEDS RENAL EXP				
1.00	HOME PROGRAM DIALYSIS	94.00	65,512	51,821	1.00
	TOTALS		65,512	51,821	
	AR - A138 PHARMACY TIME ALLOC				
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	353,166	123,131	1.00
	TOTALS		353,166	123,131	
	AS - A139 WESTLAWN PLANT/HSKPING				
1.00	MAINTENANCE & REPAIRS-WESTLAWN	6.02	0	230,196	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	230,196	
	AT - A140-ARNP PHYSICIAN EXTENDERS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,394	1.00
2.00	NURSING ADMINISTRATION	13.00	0	40,313	2.00
3.00	SOCIAL SERVICE	17.00	0	6,428	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	23,410	4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	639	5.00
6.00	SUBPROVIDER - IPF	40.00	0	5,161	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,600	7.00
8.00	CARDIOLOGY	60.02	0	12,142	8.00
9.00	CDC - REHAB	76.07	0	9,460	9.00
10.00	ORTHOPAEDICS CLINIC	90.08	0	3,464	10.00
11.00	PSYCHIATRIC CLINIC	90.13	0	5,190	11.00
12.00	FAMILY CARE CLINIC	90.15	0	34,801	12.00
13.00	IRL-CARDIOLOGY CLINIC	90.20	0	6,976	13.00
14.00	IRL-OB/GYN CLINIC	90.26	0	522	14.00
15.00	VENDING/PATIENT ART	190.01	0	2,399	15.00
	TOTALS		0	169,899	
	AU - A137 VPMA SALARY ALLOCATION				
1.00	ADMINISTRATIVE & GENERAL	5.00	7,662,811	2,607,393	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	25,791	0	2.00
	TOTALS		7,688,602	2,607,393	
	BA - A147 INSURANCE EXP				
1.00	CAP REL COSTS-GENERAL HOSP	1.01		971,409	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		354,705	2.00
	TOTALS		0	1,326,114	
	BC - A151 PHARMACY EDUC RESIDENTS				
1.00	PARAMEDICAL EDUC - PHARMACY	23.02	5,084	223	1.00
	TOTALS		5,084	223	
	BD - A152 DIETARY EXP TO CAFETERIA				
1.00	CAFETERIA	11.00	3,451,048	4,237,276	1.00
2.00	VENDING/PATIENT ART	190.01	655,359	988,891	2.00
3.00	OTHER NON-ALLOWABLE	190.13	243,550	102,659	3.00
4.00	CAFETERIA	11.00	12,713	0	4.00
5.00	VENDING/PATIENT ART	190.01	2,414	0	5.00
6.00	OTHER NON-ALLOWABLE	190.13	896	0	6.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	TOTALS		4,365,980	5,328,826		
	BF - A154 UICMS HSKPG TO NON-ALLOW					
1.00	OTHER NON-ALLOWABLE	190.13	0	46,566		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	46,566		
	BG - A155 RECOVERY HRS COST FROM ROUTINE					
1.00	OPERATING ROOM	50.00	0	6,646,939		1.00
	TOTALS		0	6,646,939		
	BH - A157 BONE MARROW TISSUE TYPING					
1.00	LABORATORY	60.00	0	102,880		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	102,880		
	BI - A158 ALLOC OF TRANSPLANT SUPPORT SVC					
1.00	LIVER ACQUISITION	107.00	0	14,765		1.00
2.00	HEART ACQUISITION	106.00	0	8,501		2.00
3.00	LUNG ACQUISITION	108.00	0	10,291		3.00
4.00	PANCREAS ACQUISITION	109.00	0	2,685		4.00
	TOTALS		0	36,242		
	CB - A97 FELLOW STIPENDS TRANSFER					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	8,331,943	0		1.00
	TOTALS		8,331,943	0		
	CC - A84 CLINICAL FAC IN HOSP ACCTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,995,121		1.00
2.00	SOCIAL SERVICE	17.00	0	107,793		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	201,089		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	215,729		4.00
5.00	SUBPROVIDER - IPF	40.00	0	858,802		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	738,621		6.00
7.00	RADIOLOGY - PET SCAN	55.02	0	375,677		7.00
8.00	PHYSICAL THERAPY	66.00	0	100,420		8.00
9.00	OTOLARYNGOLOGY CLINIC	90.09	0	81,254		9.00
10.00	SURGERY CLINIC	90.11	0	58,560		10.00
11.00	PSYCHIATRIC CLINIC	90.13	0	89,144		11.00
12.00	FAMILY CARE CLINIC	90.15	0	2,214,497		12.00
13.00	EMERGENCY	91.00	0	5,278,493		13.00
14.00	VENDING/PATIENT ART	190.01	0	296,933		14.00
	TOTALS		0	12,612,133		
	CD - A106 FACULTY TIME STUDY					
1.00	ADMINISTRATIVE & GENERAL	5.00	9,163,446	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	16,754,294	0		2.00
3.00	LABORATORY	60.00	327,593	0		3.00
4.00	ANATOMICAL LABORATORY	60.01	625,307	0		4.00
	TOTALS		26,870,640	0		
	CE - A118 TXP SALARY TRANSFER					
1.00	INTERNAL MEDICINE CLINIC	90.04	65,258	0		1.00
2.00	SURGERY CLINIC	90.11	7,263	0		2.00
3.00	KIDNEY ACQUISITION	105.00	73,090	0		3.00
4.00	HEART ACQUISITION	106.00	6,312	0		4.00
5.00	LIVER ACQUISITION	107.00	41,374	0		5.00
6.00	LUNG ACQUISITION	108.00	20,575	0		6.00
7.00	PANCREAS ACQUISITION	109.00	4,404	0		7.00
	TOTALS		218,276	0		
	CH - A135B ALLOCATION OF TXP PHYSICIANS					
1.00	KIDNEY ACQUISITION	105.00	129,726	27,761		1.00
2.00	HEART ACQUISITION	106.00	30,286	6,481		2.00
3.00	LIVER ACQUISITION	107.00	116,364	24,902		3.00
4.00	LUNG ACQUISITION	108.00	27,898	5,970		4.00
5.00	PANCREAS ACQUISITION	109.00	11,630	2,489		5.00
	TOTALS		315,904	67,603		
	DD - A122 AMBULATORY CARE ADMIN COSTS					
1.00	ULTRA SOUND	55.01	2,351	922		1.00
2.00	IVF/CULTURE LAB	76.00	2,213	868		2.00
3.00	URODYNAMICS	76.02	1,002	393		3.00
4.00	SPINE TREATMENT CENTER	76.03	1,731	679		4.00
5.00	DIGESTIVE DISEASE CNTR	76.05	11,768	4,616		5.00
6.00	LITHOTRIPSY	76.99	2,438	956		6.00
7.00	ANESTHESIA PAIN CLINIC	90.01	2,194	861		7.00
8.00	DERMATOLOGY CLINIC	90.02	2,947	1,156		8.00
9.00	ORAL SURGERY CLINIC	90.03	2,821	1,106		9.00
10.00	INTERNAL MEDICINE CLINIC	90.04	12,871	5,049		10.00

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	NEUROLOGY CLINIC	90.05	2,758	1,082	11.00
12.00	OB-GYN CLINIC	90.06	7,131	2,797	12.00
13.00	OPHTHALMOLOGY CLINIC	90.07	9,052	3,551	13.00
14.00	ORTHOPAEDICS CLINIC	90.08	7,303	2,865	14.00
15.00	OTOLARYNGOLOGY CLINIC	90.09	8,767	3,439	15.00
16.00	PEDIATRIC CLINIC	90.10	10,599	4,157	16.00
17.00	SURGERY CLINIC	90.11	3,615	1,418	17.00
18.00	UROLOGY CLINIC	90.12	3,075	1,206	18.00
19.00	CANCER CLINIC	90.14	16,425	6,443	19.00
20.00	FAMILY CARE CLINIC	90.15	14,722	5,775	20.00
21.00	ORTHO SPORTS MED CLINIC	90.16	2,962	1,162	21.00
22.00	BURN CLINIC	90.19	512	201	22.00
23.00	EMERGENCY	91.00	35,383	13,879	23.00
	TOTALS		164,640	64,581	
	ZA - A121-C IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	50,644,970	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
	TOTALS		0	50,644,970	
	ZB - A119 CLINIC TIME STUDIES PD BY COM				
1.00	ADMINISTRATIVE & GENERAL	5.00	224,889	0	1.00
2.00	MEDICAL RECORDS PREPARATION	16.01	1,162,790	0	2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	568,089	0	3.00
4.00	ANESTHESIOLOGY	53.00	416,123	0	4.00
5.00	DERMATOLOGY CLINIC	90.02	231,784	0	5.00
6.00	ORAL SURGERY CLINIC	90.03	157,298	0	6.00
7.00	INTERNAL MEDICINE CLINIC	90.04	1,084,106	0	7.00
8.00	NEUROLOGY CLINIC	90.05	194,214	0	8.00
9.00	OB-GYN CLINIC	90.06	724,484	0	9.00
10.00	OPHTHALMOLOGY CLINIC	90.07	1,116,930	0	10.00
11.00	ORTHOPAEDICS CLINIC	90.08	1,073,988	0	11.00
12.00	OTOLARYNGOLOGY CLINIC	90.09	615,124	0	12.00
13.00	PEDIATRIC CLINIC	90.10	927,786	0	13.00
14.00	SURGERY CLINIC	90.11	989,433	0	14.00
15.00	UROLOGY CLINIC	90.12	323,271	0	15.00
16.00	PSYCHIATRIC CLINIC	90.13	117,720	0	16.00
17.00	FAMILY CARE CLINIC	90.15	101,766	0	17.00
	TOTALS		10,029,795	0	
	ZD - A122-IRL ADMIN RECLASS				
1.00	MAINTENANCE & REPAIRS-IRL	6.05	365,740	175,320	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	33,324	15,974	2.00
3.00	HOUSEKEEPING-IRL	9.05	53,563	25,676	3.00
4.00	PHARMACY	15.00	594,773	285,108	4.00
5.00	SOCIAL SERVICE	17.00	11,318	5,425	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	165,238	79,208	6.00
7.00	LABORATORY	60.00	168,914	80,970	7.00
8.00	CARDIOLOGY	60.02	4,037	1,935	8.00
9.00	OPHTHALMOLOGY	76.04	12,138	5,819	9.00
10.00	DIABETES EDUCATION	76.08	27,824	13,338	10.00
11.00	CARDIAC REHABILITATION	76.97	29,579	14,179	11.00
12.00	IRL-CARDIOLOGY CLINIC	90.20	104,599	50,140	12.00
13.00	IRL-DERMATOLOGY CLINIC	90.22	30,950	14,836	13.00
14.00	IRL-INTERNAL MEDICINE CLINIC	90.24	161,417	77,376	14.00
15.00	IRL-OB/GYN CLINIC	90.26	133,576	64,031	15.00
16.00	IRL-OPHTHALMOLOGY	90.27	71,904	34,468	16.00
17.00	IRL-ORTHOPAEDICS CLINIC	90.28	171	82	17.00

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
18.00	IRL-OTOLARYNGOLOGY CLINIC	90.29	40,448	19,389		18.00
19.00	IRL-PEDIATRICS CLINIC	90.30	121,978	58,471		19.00
20.00	IRL-UROLOGY CLINIC	90.32	67,267	32,245		20.00
21.00	IRL-GASTROENTEROLOGY CLINIC	90.38	35,621	17,075		21.00
22.00	IRL-DIABETES CENTER CLINIC	90.40	38,486	18,448		22.00
23.00	IRL-CARDIOLOGY CLINIC	90.20	111,773	49,898		23.00
24.00	IRL-DERMATOLOGY CLINIC	90.22	66,392	29,639		24.00
25.00	IRL-INTERNAL MEDICINE CLINIC	90.24	273,434	122,067		25.00
26.00	IRL-OB/GYN CLINIC	90.26	221,469	98,869		26.00
27.00	IRL-OPHTHALMOLOGY	90.27	81,264	36,278		27.00
28.00	IRL-ORTHOPAEDICS CLINIC	90.28	765	341		28.00
29.00	IRL-OTOLARYNGOLOGY CLINIC	90.29	67,436	30,105		29.00
30.00	IRL-PEDIATRICS CLINIC	90.30	251,482	112,267		30.00
31.00	IRL-UROLOGY CLINIC	90.32	61,710	27,549		31.00
32.00	IRL-GASTROENTEROLOGY CLINIC	90.38	41,082	18,340		32.00
33.00	IRL-DIABETES CENTER CLINIC	90.40	60,367	26,949		33.00
	TOTALS		3,510,039	1,641,815		
	ZE - A160 IRL - RADIOLOGY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	364	356		1.00
2.00	OPHTHALMOLOGY	76.04	16,050	15,687		2.00
3.00	DIABETES EDUCATION	76.08	499	488		3.00
4.00	CARDIAC REHABILITATION	76.97	510	499		4.00
5.00	IRL-CARDIOLOGY CLINIC	90.20	40,726	39,805		5.00
6.00	IRL-INTERNAL MEDICINE CLINIC	90.24	3,221	3,149		6.00
7.00	IRL-OB/GYN CLINIC	90.26	62,790	61,370		7.00
8.00	IRL-OPHTHALMOLOGY	90.27	738	722		8.00
9.00	IRL-OTOLARYNGOLOGY CLINIC	90.29	1,471	1,438		9.00
10.00	IRL-PEDIATRICS CLINIC	90.30	160	156		10.00
11.00	IRL-UROLOGY CLINIC	90.32	16,485	16,112		11.00
12.00	IRL-GASTROENTEROLOGY CLINIC	90.38	50	49		12.00
13.00	IRL-DIABETES CENTER CLINIC	90.40	3,820	3,731		13.00
14.00	DRUGS CHARGED TO PATIENTS	73.00	1	0		14.00
15.00	OPHTHALMOLOGY	76.04	30	0		15.00
16.00	DIABETES EDUCATION	76.08	1	0		16.00
17.00	CARDIAC REHABILITATION	76.97	1	0		17.00
18.00	IRL-CARDIOLOGY CLINIC	90.20	75	0		18.00
19.00	IRL-INTERNAL MEDICINE CLINIC	90.24	6	0		19.00
20.00	IRL-OB/GYN CLINIC	90.26	116	0		20.00
21.00	IRL-OPHTHALMOLOGY	90.27	1	0		21.00
22.00	IRL-OTOLARYNGOLOGY CLINIC	90.29	3	0		22.00
23.00	IRL-UROLOGY CLINIC	90.32	30	0		23.00
24.00	IRL-DIABETES CENTER CLINIC	90.40	7	0		24.00
	TOTALS		147,155	143,562		
	ZF - A161-A CENTRAL SCHEDULERS PT I					
1.00	ADMINISTRATIVE & GENERAL	5.00	769,885	354,684		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
	TOTALS		769,885	354,684		
	ZG - A161-B CENTRAL SCHEDULERS PT II					
1.00	SPINE TREATMENT CENTER	76.03	17,727	7,317		1.00
2.00	DERMATOLOGY CLINIC	90.02	50,142	20,696		2.00
3.00	INTERNAL MEDICINE CLINIC	90.04	164,561	67,923		3.00
4.00	NEUROLOGY CLINIC	90.05	30,899	12,754		4.00
5.00	OB-GYN CLINIC	90.06	113,580	46,880		5.00
6.00	OPHTHALMOLOGY CLINIC	90.07	134,394	55,471		6.00
7.00	ORTHOPAEDICS CLINIC	90.08	92,761	38,287		7.00
8.00	OTOLARYNGOLOGY CLINIC	90.09	46,250	19,090		8.00
9.00	PEDIATRIC CLINIC	90.10	143,348	59,167		9.00
10.00	SURGERY CLINIC	90.11	60,452	24,952		10.00
11.00	UROLOGY CLINIC	90.12	31,943	13,184		11.00
12.00	PSYCHIATRIC CLINIC	90.13	75,698	31,244		12.00
13.00	CANCER CLINIC	90.14	122,670	50,632		13.00
14.00	FAMILY CARE CLINIC	90.15	118,675	48,983		14.00
15.00	ORTHO SPORTS MED CLINIC	90.16	42,177	17,411		15.00
	TOTALS		1,245,277	513,991		

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	ZH - A162 IRL COLLECTION SERVICES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	480,854		1.00
2.00	IRL-CARDIOLOGY CLINIC	90.20	0	8,202		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
	TOTALS		0	489,056		
	ZI - A163 RECLASS I&R SALARY CG					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	32,527	11,222		1.00
	TOTALS		32,527	11,222		
	ZJ - A96 PATH LAB TRANSFER					
1.00	LABORATORY	60.00	327,200	118,067		1.00
2.00	ANATOMICAL LABORATORY	60.01	94,868	43,837		2.00
	TOTALS		422,068	161,904		
	ZL - A165 - ETC PHYSICIAN COST					
1.00	HOSPITAL PHYSICIANS - ER, FCC	190.08	1,617,443	651,101		1.00
	TOTALS		1,617,443	651,101		
	ZM - A166 SOCIAL SERVICE CLINIC RECLASS					
1.00	SOCIAL SERVICE	17.00	144,402	51,946		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		144,402	51,946		
	ZN - A167 TELEMETRY RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	462,460	231,714		1.00
2.00	MEDICAL INTENSIVE CARE UNIT	31.01	3,417	1,712		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	55,435	27,775		3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	2,457	1,231		4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	820	411		5.00
	TOTALS		524,589	262,843		
	ZO - A168 EXPENSE TO REVENUE RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	1,985,998	991,865		1.00
2.00	CORONARY CARE UNIT	32.00	148,230	71,861		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	217,311	112,903		3.00
4.00	NURSERY	43.00	833,041	423,328		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		3,184,580	1,599,957		
	ZP - A169 2 BOYD TOWER RECLASS					
1.00	CLINICAL RESEARCH UNIT	190.05	48,463	20,600		1.00
	TOTALS		48,463	20,600		
500.00	Grand Total: Increases		74,160,126	125,900,293		500.00

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AA - A121-A ORTHOTIC SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00		10	0		1.00
2.00	PHARMACY	15.00		14	0		2.00
3.00	ADULTS & PEDIATRICS	30.00		28,222	0		3.00
4.00	MEDICAL INTENSIVE CARE UNIT	31.01		2,488	0		4.00
5.00	CORONARY CARE UNIT	32.00		3,174	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00		2,634	0		6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00		14,203	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00		2,729	0		8.00
9.00	PEDIATRIC INTENSIVE CARE UNIT	35.01		9,458	0		9.00
10.00	OPERATING ROOM	50.00		10,317	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00		52	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		66	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		368	0		13.00
14.00	RADIOLOGY - PET SCAN	55.02		41	0		14.00
15.00	CARDIOLOGY	60.02		173,682	0		15.00
16.00	ORTHOTIC SERVICES	63.01		1,479,065	0		16.00
17.00	RESPIRATORY THERAPY	65.00		6,387	0		17.00
18.00	PHYSICAL THERAPY	66.00		115,498	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00		141,505	0		19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		418,126	0		20.00
21.00	ASC (NON-DISTINCT PART)	75.00		20,019	0		21.00
22.00	INTERNAL MEDICINE CLINIC	90.04		387	0		22.00
23.00	OB-GYN CLINIC	90.06		3,316	0		23.00
24.00	OPHTHALMOLOGY CLINIC	90.07		2,668	0		24.00
25.00	ORTHOPAEDICS CLINIC	90.08		28,445	0		25.00
26.00	OTOLARYNGOLOGY CLINIC	90.09		54,153	0		26.00
27.00	PEDIATRIC CLINIC	90.10		46	0		27.00
28.00	SURGERY CLINIC	90.11		173	0		28.00
29.00	CANCER CLINIC	90.14		92	0		29.00
30.00	FAMILY CARE CLINIC	90.15		1,839	0		30.00
31.00	ORTHO SPORTS MED CLINIC	90.16		3,713	0		31.00
32.00	BURN CLINIC	90.19		12	0		32.00
33.00	IRL-INTERNAL MEDICINE CLINIC	90.24		1,479	0		33.00
34.00	IRL-OB/GYN CLINIC	90.26		4,612	0		34.00
35.00	IRL-OPHTHALMOLOGY	90.27		375	0		35.00
36.00	IRL-OTOLARYNGOLOGY CLINIC	90.29		65	0		36.00
37.00	IRL-PEDIATRICS CLINIC	90.30		289	0		37.00
38.00	IRL-GASTROENTEROLOGY CLINIC	90.38		15	0		38.00
39.00	EMERGENCY	91.00		26,169	0		39.00
	TOTALS		0	2,555,906			
	AB - A121-B MED SUPPLIES						
1.00	DIETARY	10.00		854	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00		380	0		2.00
3.00	PHARMACY	15.00		215,969	0		3.00
4.00	ADULTS & PEDIATRICS	30.00		311,557	0		4.00
5.00	MEDICAL INTENSIVE CARE UNIT	31.01		153,848	0		5.00
6.00	CORONARY CARE UNIT	32.00		81,061	0		6.00
7.00	BURN INTENSIVE CARE UNIT	33.00		127,637	0		7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00		304,545	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00		53,654	0		9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01		123,751	0		10.00
11.00	SUBPROVIDER - IPF	40.00		1,245	0		11.00
12.00	OPERATING ROOM	50.00		7,000,801	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00		87,044	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00		964,629	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00		445	0		15.00
16.00	ULTRA SOUND	55.01		280	0		16.00
17.00	CT SCAN	57.00		58,786	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,901	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00		3,846,111	0		19.00
20.00	LABORATORY	60.00		2,377	0		20.00
21.00	CARDIOLOGY	60.02		1,374,747	0		21.00
22.00	RESPIRATORY THERAPY	65.00		4,621,200	0		22.00
23.00	RENAL DIALYSIS	74.00		99,125	0		23.00
24.00	ASC (NON-DISTINCT PART)	75.00		1,032,361	0		24.00
25.00	DIGESTIVE DISEASE CNTR	76.05		386,499	0		25.00
26.00	CARDIAC REHABILITATION	76.97		206	0		26.00
27.00	LITHOTRIPSY	76.99		359,568	0		27.00
28.00	ORAL SURGERY CLINIC	90.03		4,769	0		28.00

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	INTERNAL MEDICINE CLINIC	90.04		549	0		29.00
30.00	NEUROLOGY CLINIC	90.05		124	0		30.00
31.00	OB-GYN CLINIC	90.06		19	0		31.00
32.00	OPHTHALMOLOGY CLINIC	90.07		959	0		32.00
33.00	ORTHOPAEDICS CLINIC	90.08		6,178	0		33.00
34.00	OTOLARYNGOLOGY CLINIC	90.09		3,703	0		34.00
35.00	PEDIATRIC CLINIC	90.10		1,749	0		35.00
36.00	SURGERY CLINIC	90.11		32,195	0		36.00
37.00	CANCER CLINIC	90.14		46,122	0		37.00
38.00	FAMILY CARE CLINIC	90.15		1,421	0		38.00
39.00	ORTHO SPORTS MED CLINIC	90.16		201	0		39.00
40.00	BURN CLINIC	90.19		3,947	0		40.00
41.00	IRL-INTERNAL MEDICINE CLINIC	90.24		1,388	0		41.00
42.00	IRL-PEDIATRICS CLINIC	90.30		3,064	0		42.00
43.00	IRL-GASTROENTEROLOGY CLINIC	90.38		12	0		43.00
44.00	EMERGENCY	91.00		33,525	0		44.00
	TOTALS		0	21,350,506			
	AC - A133 AGENCY RECLASS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	28,465	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	175,301	0	0		2.00
3.00	MEDICAL INTENSIVE CARE UNIT	31.01	81,940	0	0		3.00
4.00	CORONARY CARE UNIT	32.00	20,199	0	0		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	29,410	0	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	156,679	0	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	58,525	0	0		7.00
8.00	OPERATING ROOM	50.00	826,495	0	0		8.00
9.00	ULTRA SOUND	55.01	66,173	0	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	480,576	0	0		10.00
11.00	RENAL DIALYSIS	74.00	30,028	0	0		11.00
12.00	DIGESTIVE DISEASE CNTR	76.05	151,939	0	0		12.00
13.00	PEDIATRIC CLINIC	90.10	494	0	0		13.00
14.00	FAMILY CARE CLINIC	90.15	26,315	0	0		14.00
15.00	IRL-PEDIATRICS CLINIC	90.30	32,005	0	0		15.00
16.00	EMERGENCY	91.00	24,485	0	0		16.00
	TOTALS		2,189,029	0			
	AD - A123 BLOOD RECLASS						
1.00	LABORATORY	60.00	0	2,306,261	0		1.00
	TOTALS		0	2,306,261			
	AE - A124 CLINIC SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	17,884	5,940	0		1.00
2.00	SPINE TREATMENT CENTER	76.03	50,675	25,270	0		2.00
3.00	ANESTHESIA PAIN CLINIC	90.01	18,330	8,634	0		3.00
4.00	DERMATOLOGY CLINIC	90.02	103,309	35,576	0		4.00
5.00	ORAL SURGERY CLINIC	90.03	55,857	19,235	0		5.00
6.00	INTERNAL MEDICINE CLINIC	90.04	102,318	43,480	0		6.00
7.00	NEUROLOGY CLINIC	90.05	58,307	19,697	0		7.00
8.00	OB-GYN CLINIC	90.06	8,102	4,052	0		8.00
9.00	OPHTHALMOLOGY CLINIC	90.07	91,634	40,025	0		9.00
10.00	ORTHOPAEDICS CLINIC	90.08	73,508	34,303	0		10.00
11.00	OTOLARYNGOLOGY CLINIC	90.09	117,823	55,869	0		11.00
12.00	PEDIATRIC CLINIC	90.10	18,382	6,799	0		12.00
13.00	SURGERY CLINIC	90.11	52,119	26,059	0		13.00
14.00	PSYCHIATRIC CLINIC	90.13	52,862	26,828	0		14.00
15.00	CANCER CLINIC	90.14	201,772	71,606	0		15.00
16.00	FAMILY CARE CLINIC	90.15	14,570	6,974	0		16.00
17.00	ORTHO SPORTS MED CLINIC	90.16	30,092	15,160	0		17.00
	TOTALS		1,067,544	445,507			
	AF - A125 MOVE RAD RX ADMIN/ENGIN COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	776,070	2,478,162	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00		1,083,926	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
	TOTALS		776,070	3,562,088			

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	AH - A127 THERAPY ADMIN					
1.00	PHYSICAL THERAPY	66.00	396,183	169,316	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
	TOTALS		396,183	169,316		
	AJ - A129 REHAB THERAPY PSYCH					
1.00	PATIENT EDUCATION SERVICE	190.06	35,415	14,122	0	1.00
	TOTALS		35,415	14,122		
	AK - A130 VACATION SICK ACCRUAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	712,108	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
58.00		0.00	0	0	0	58.00
59.00		0.00	0	0	0	59.00
60.00		0.00	0	0	0	60.00
61.00		0.00	0	0	0	61.00
62.00		0.00	0	0	0	62.00

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
83.00		0.00	0	0	0		83.00
84.00		0.00	0	0	0		84.00
85.00		0.00	0	0	0		85.00
86.00		0.00	0	0	0		86.00
87.00		0.00	0	0	0		87.00
88.00		0.00	0	0	0		88.00
89.00		0.00	0	0	0		89.00
90.00		0.00	0	0	0		90.00
91.00		0.00	0	0	0		91.00
92.00		0.00	0	0	0		92.00
93.00		0.00	0	0	0		93.00
94.00		0.00	0	0	0		94.00
95.00		0.00	0	0	0		95.00
96.00		0.00	0	0	0		96.00
97.00		0.00	0	0	0		97.00
98.00		0.00	0	0	0		98.00
99.00		0.00	0	0	0		99.00
100.00		0.00	0	0	0		100.00
101.00		0.00	0	0	0		101.00
			0	712,108			
	AL - A131 TRANSCRIPTION SVC						
1.00	LABORATORY	60.00	0	3,078	0		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,528	0		2.00
3.00	EMERGENCY	91.00	0	21,770	0		3.00
4.00	NEUROLOGY CLINIC	90.05	0	35,342	0		4.00
5.00	UROLOGY CLINIC	90.12	0	3,432	0		5.00
6.00	PSYCHIATRIC CLINIC	90.13	0	31,809	0		6.00
7.00	CANCER CLINIC	90.14	0	65	0		7.00
8.00	FAMILY CARE CLINIC	90.15	0	130,576	0		8.00
	TOTALS		0	228,600			
	AM - A132 PHARMACY CHGD TO PATIENTS						
1.00	SOCIAL SERVICE	17.00		18,483	0		1.00
2.00	OPERATING ROOM	50.00		125,131	0		2.00
3.00	ANESTHESIOLOGY	53.00		225,310	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00		2,704,491	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00		21,333	0		5.00
6.00	ULTRA SOUND	55.01		9,920	0		6.00
7.00	RADIOLOGY - PET SCAN	55.02		588,222	0		7.00
8.00	CT SCAN	57.00		277,246	0		8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		394,777	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00		74,588	0		10.00
11.00	LABORATORY	60.00		5,162	0		11.00
12.00	CARDIOLOGY	60.02		456,329	0		12.00
13.00	BLOOD STORING, PROCESSING & TRANS.	63.00		25,826	0		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00		33,388	0		14.00
15.00	RENAL DIALYSIS	74.00		34,068	0		15.00
16.00	ASC (NON-DISTINCT PART)	75.00		129,905	0		16.00
17.00	DIGESTIVE DISEASE CNTR	76.05		67,417	0		17.00
18.00	LITHOTRIPSY	76.99		14,246	0		18.00
19.00	ORAL SURGERY CLINIC	90.03		13,628	0		19.00
20.00	INTERNAL MEDICINE CLINIC	90.04		42,244	0		20.00
21.00	OB-GYN CLINIC	90.06		283,822	0		21.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
22.00	ORTHOPAEDICS CLINIC	90.08		20,508	0	22.00
23.00	PEDIATRIC CLINIC	90.10		9,188	0	23.00
24.00	SURGERY CLINIC	90.11		27,259	0	24.00
25.00	UROLOGY CLINIC	90.12		92,091	0	25.00
26.00	CANCER CLINIC	90.14		603,890	0	26.00
27.00	ORTHO SPORTS MED CLINIC	90.16		157,349	0	27.00
28.00	IRL-CARDIOLOGY CLINIC	90.20		2,621	0	28.00
29.00	IRL-OTOLARYNGOLOGY CLINIC	90.29		6,797	0	29.00
30.00	PHARMACY HOMEGOING DRUGS	190.03		36,472	0	30.00
	TOTALS		0	6,501,711		
	AO - A134 RENAL DIALYSIS SALARIES					
1.00	RENAL DIALYSIS	74.00	44,971	20,443	0	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	120,201	269,087	0	2.00
	TOTALS		165,172	289,530		
	AP - A135 ALLOCATION OF TRANSPLANT STAFF					
1.00	ADULTS & PEDIATRICS	30.00	323	83	0	1.00
2.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	7	3	0	2.00
3.00	INTERNAL MEDICINE CLINIC	90.04	13,809	5,026	0	3.00
4.00	KIDNEY ACQUISITION	105.00	638,073	212,852	0	4.00
5.00	HEART ACQUISITION	106.00	196,342	66,236	0	5.00
6.00	LUNG ACQUISITION	108.00	103,110	41,319	0	6.00
	TOTALS		951,664	325,519		
	AQ - A136 PEDS RENAL EXP					
1.00	RENAL DIALYSIS	74.00	65,512	51,821	0	1.00
	TOTALS		65,512	51,821		
	AR - A138 PHARMACY TIME ALLOC					
1.00	PHARMACY	15.00	353,166	123,131	0	1.00
	TOTALS		353,166	123,131		
	AS - A139 WESTLAWN PLANT/HSKPING					
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	161,136	0	1.00
2.00	HOUSEKEEPING-GENERAL HOSPITAL	9.01	0	69,060	0	2.00
	TOTALS		0	230,196		
	AT - A140-ARNP PHYSICIAN EXTENDERS					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,761	634	0	1.00
2.00	NURSING ADMINISTRATION	13.00	29,642	10,671	0	2.00
3.00	SOCIAL SERVICE	17.00	4,834	1,594	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	17,576	5,835	0	4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	476	164	0	5.00
6.00	SUBPROVIDER - IPF	40.00	3,795	1,366	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	12,206	4,394	0	7.00
8.00	CARDIOLOGY	60.02	9,094	3,049	0	8.00
9.00	CDC - REHAB	76.07	6,956	2,504	0	9.00
10.00	ORTHOPAEDICS CLINIC	90.08	2,584	880	0	10.00
11.00	PSYCHIATRIC CLINIC	90.13	3,837	1,353	0	11.00
12.00	FAMILY CARE CLINIC	90.15	25,804	8,997	0	12.00
13.00	IRL-CARDIOLOGY CLINIC	90.20	5,130	1,847	0	13.00
14.00	IRL-OB/GYN CLINIC	90.26	500	22	0	14.00
15.00	VENDING/PATIENT ART	190.01	1,761	633	0	15.00
	TOTALS		125,956	43,943		
	AU - A137 VPMA SALARY ALLOCATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,270,203	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	25,792	0	2.00
	TOTALS		0	10,295,995		
	BA - A147 INSURANCE EXP					
1.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01		1,326,114	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	1,326,114		
	BC - A151 PHARMACY EDUC RESIDENTS					
1.00	PHARMACY	15.00	5,084	223	0	1.00
	TOTALS		5,084	223		
	BD - A152 DIETARY EXP TO CAFETERIA					
1.00	DIETARY	10.00	4,349,956	5,328,826		1.00
2.00	DIETARY	10.00	16,024	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
	TOTALS		4,365,980	5,328,826		

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	BF - A154 UICMS HSKPG TO NON-ALLOW						
1.00	HOUSEKEEPING-GENERAL HOSPITAL	9.01	0	42,154	0		1.00
2.00	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	4,412	0		2.00
	TOTALS		0	46,566			
	BG - A155 RECOVERY HRS COST FROM ROUTINE						
1.00	ADULTS & PEDIATRICS	30.00	0	6,646,939	0		1.00
	TOTALS		0	6,646,939			
	BH - A157 BONE MARROW TISSUE TYPING						
1.00	CARDIOLOGY	60.02	0	62,908	0		1.00
2.00	SURGERY CLINIC	90.11	0	39,972	0		2.00
	TOTALS		0	102,880			
	BI - A158 ALLOC OF TRANSPLANT SUPPORT SVC						
1.00	KIDNEY ACQUISITION	105.00	0	36,242	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
	TOTALS		0	36,242			
	CB - A97 FELLOW STIPENDS TRANSFER						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,331,943	0		1.00
	TOTALS		0	8,331,943			
	CC - A84 CLINICAL FAC IN HOSP ACCTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,995,121	0	0		1.00
2.00	SOCIAL SERVICE	17.00	107,793	0	0		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	201,089	0	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	215,729	0	0		4.00
5.00	SUBPROVIDER - IPF	40.00	858,802	0	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	738,621	0	0		6.00
7.00	RADIOLOGY - PET SCAN	55.02	375,677	0	0		7.00
8.00	PHYSICAL THERAPY	66.00	100,420	0	0		8.00
9.00	OTOLARYNGOLOGY CLINIC	90.09	81,254	0	0		9.00
10.00	SURGERY CLINIC	90.11	58,560	0	0		10.00
11.00	PSYCHIATRIC CLINIC	90.13	89,144	0	0		11.00
12.00	FAMILY CARE CLINIC	90.15	2,214,497	0	0		12.00
13.00	EMERGENCY	91.00	5,278,493	0	0		13.00
14.00	VENDING/PATIENT ART	190.01	296,933	0	0		14.00
	TOTALS		12,612,133	0			
	CD - A106 FACULTY TIME STUDY						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,163,446	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	16,754,294	0		2.00
3.00	LABORATORY	60.00	0	327,593	0		3.00
4.00	ANATOMICAL LABORATORY	60.01	0	625,307	0		4.00
	TOTALS		0	26,870,640			
	CE - A118 TXP SALARY TRANSFER						
1.00	INTERNAL MEDICINE CLINIC	90.04	0	65,258	0		1.00
2.00	SURGERY CLINIC	90.11	0	7,263	0		2.00
3.00	KIDNEY ACQUISITION	105.00	0	73,090	0		3.00
4.00	HEART ACQUISITION	106.00	0	6,312	0		4.00
5.00	LIVER ACQUISITION	107.00	0	41,374	0		5.00
6.00	LUNG ACQUISITION	108.00	0	20,575	0		6.00
7.00	PANCREAS ACQUISITION	109.00	0	4,404	0		7.00
	TOTALS		0	218,276			
	CH - A135B ALLOCATION OF TXP PHYSICIANS						
1.00	ADMINISTRATIVE & GENERAL	5.00	315,904	67,603	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		315,904	67,603			
	DD - A122 AMBULATORY CARE ADMIN COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	164,640	64,581	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

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
	TOTALS		164,640	64,581			
	ZA - A121-C IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	36,022,173	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,386	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	612,983	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	109,071	0		4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,522	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	6,810,812	0		6.00
7.00	LABORATORY	60.00	0	2,244,132	0		7.00
8.00	CARDIOLOGY	60.02	0	1,258,285	0		8.00
9.00	ASC (NON-DISTINCT PART)	75.00	0	2,959,567	0		9.00
10.00	DIGESTIVE DISEASE CNTR	76.05	0	337,173	0		10.00
11.00	LITHOTRIPSY	76.99	0	104,905	0		11.00
12.00	ANESTHESIA PAIN CLINIC	90.01	0	93,600	0		12.00
13.00	DERMATOLOGY CLINIC	90.02	0	58	0		13.00
14.00	INTERNAL MEDICINE CLINIC	90.04	0	24,000	0		14.00
15.00	OB-GYN CLINIC	90.06	0	37,909	0		15.00
16.00	OPHTHALMOLOGY CLINIC	90.07	0	6,599	0		16.00
17.00	UROLOGY CLINIC	90.12	0	910	0		17.00
18.00	IRL-OB/GYN CLINIC	90.26	0	6,070	0		18.00
19.00	IRL-OPHTHALMOLOGY	90.27	0	815	0		19.00
	TOTALS		0	50,644,970			
	ZB - A119 CLINIC TIME STUDIES PD BY COM						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	224,889	0		1.00
2.00	MEDICAL RECORDS PREPARATION	16.01	0	1,162,790	0		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	568,089	0		3.00
4.00	ANESTHESIOLOGY	53.00	0	416,123	0		4.00
5.00	DERMATOLOGY CLINIC	90.02	0	231,784	0		5.00
6.00	ORAL SURGERY CLINIC	90.03	0	157,298	0		6.00
7.00	INTERNAL MEDICINE CLINIC	90.04	0	1,084,106	0		7.00
8.00	NEUROLOGY CLINIC	90.05	0	194,214	0		8.00
9.00	OB-GYN CLINIC	90.06	0	724,484	0		9.00
10.00	OPHTHALMOLOGY CLINIC	90.07	0	1,116,930	0		10.00
11.00	ORTHOPAEDICS CLINIC	90.08	0	1,073,988	0		11.00
12.00	OTOLARYNGOLOGY CLINIC	90.09	0	615,124	0		12.00
13.00	PEDIATRIC CLINIC	90.10	0	927,786	0		13.00
14.00	SURGERY CLINIC	90.11	0	989,433	0		14.00
15.00	UROLOGY CLINIC	90.12	0	323,271	0		15.00
16.00	PSYCHIATRIC CLINIC	90.13	0	117,720	0		16.00
17.00	FAMILY CARE CLINIC	90.15	0	101,766	0		17.00
	TOTALS		0	10,029,795			
	ZD - A122-IRL ADMIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,271,101	1,088,665	0		1.00
2.00	DIETARY	10.00	1,764	848	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	1,237,174	552,302	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
	TOTALS		3,510,039	1,641,815		
	ZE - A160 IRL - RADIOLOGY					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	146,884	143,562	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	271	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
	TOTALS		147,155	143,562		
	ZF - A161-A CENTRAL SCHEDULERS PT I					
1.00	IVF/CULTURE LAB	76.00	39,624	20,064	0	1.00
2.00	DERMATOLOGY CLINIC	90.02	16,369	8,332	0	2.00
3.00	INTERNAL MEDICINE CLINIC	90.04	33,248	15,099	0	3.00
4.00	NEUROLOGY CLINIC	90.05	49,751	24,995	0	4.00
5.00	OB-GYN CLINIC	90.06	41,091	19,372	0	5.00
6.00	OTOLARYNGOLOGY CLINIC	90.09	25,659	12,847	0	6.00
7.00	PEDIATRIC CLINIC	90.10	84,021	42,445	0	7.00
8.00	SURGERY CLINIC	90.11	13,290	4,280	0	8.00
9.00	UROLOGY CLINIC	90.12	83,282	28,680	0	9.00
10.00	PSYCHIATRIC CLINIC	90.13	35,759	17,212	0	10.00
11.00	CANCER CLINIC	90.14	126,788	59,690	0	11.00
12.00	FAMILY CARE CLINIC	90.15	221,003	101,668	0	12.00
	TOTALS		769,885	354,684		
	ZG - A161-B CENTRAL SCHEDULERS PT II					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,245,277	513,991	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00

RECLASSIFICATIONS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		1,245,277	513,991			
	ZH - A162 IRL COLLECTION SERVICES						
1.00	PHARMACY	15.00	0	83,663	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	114,303	0		2.00
3.00	LABORATORY	60.00	0	61,830	0		3.00
4.00	CARDIOLOGY	60.02	0	2,294	0		4.00
5.00	OPHTHALMOLOGY	76.04	0	14,946	0		5.00
6.00	DIABETES EDUCATION	76.08	0	2,196	0		6.00
7.00	CARDIAC REHABILITATION	76.97	0	16,020	0		7.00
8.00	IRL-DERMATOLOGY CLINIC	90.22	0	18,055	0		8.00
9.00	IRL-INTERNAL MEDICINE CLINIC	90.24	0	26,889	0		9.00
10.00	IRL-OB/GYN CLINIC	90.26	0	51,347	0		10.00
11.00	IRL-OPHTHALMOLOGY	90.27	0	9,943	0		11.00
12.00	IRL-ORTHOPAEDICS CLINIC	90.28	0	95	0		12.00
13.00	IRL-OTOLARYNGOLOGY CLINIC	90.29	0	16,231	0		13.00
14.00	IRL-PEDIATRICS CLINIC	90.30	0	36,381	0		14.00
15.00	IRL-UROLOGY CLINIC	90.32	0	22,971	0		15.00
16.00	IRL-GASTROENTEROLOGY CLINIC	90.38	0	8,183	0		16.00
17.00	IRL-DIABETES CENTER CLINIC	90.40	0	3,709	0		17.00
	TOTALS		0	489,056			
	ZI - A163 RECLASS I&R SALARY CG						
1.00	ADMINISTRATIVE & GENERAL	5.00	32,527	11,222	0		1.00
	TOTALS		32,527	11,222			
	ZJ - A96 PATH LAB TRANSFER						
1.00	LABORATORY	60.00	0	445,266	0		1.00
2.00	ANATOMICAL LABORATORY	60.01	0	138,706	0		2.00
	TOTALS		0	583,972			
	ZL - A165 - ETC PHYSICIAN COST						
1.00	EMERGENCY	91.00	1,617,443	651,101	0		1.00
	TOTALS		1,617,443	651,101			
	ZM - A166 SOCIAL SERVICE CLINIC RECLASS						
1.00	FAMILY CARE CLINIC	90.15	122,650	44,116	0		1.00
2.00	HOME PROGRAM DIALYSIS	94.00	10,876	3,915	0		2.00
3.00	RENAL DIALYSIS	74.00	10,876	3,915	0		3.00
	TOTALS		144,402	51,946			
	ZN - A167 TELEMETRY RECLASS						
1.00	NURSING ADMINISTRATION	13.00	524,589	262,843	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		524,589	262,843			
	ZO - A168 EXPENSE TO REVENUE RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,094,945	565,484	0		1.00
2.00	CORONARY CARE UNIT	32.00	1,321,987	638,165	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	126,988	73,534	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	103,636	42,607	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	355,962	187,072	0		5.00
6.00	CARDIOLOGY	60.02	117,339	56,320	0		6.00
7.00	EMERGENCY	91.00	63,723	36,775	0		7.00
	TOTALS		3,184,580	1,599,957			
	ZP - A169 2 BOYD TOWER RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	48,463	20,600	0		1.00
	TOTALS		48,463	20,600			
500.00	Grand Total: Decreases		34,813,812	165,246,607			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part I Date/Time Prepared: 11/18/2014 9:28 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	15,595,787	13,250	0	13,250	0	1.00
2.00	Land Improvements	51,048,735	1,108,484	0	1,108,484	0	2.00
3.00	Buildings and Fixtures	947,998,646	104,292,026	0	104,292,026	62,691	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	403,011,481	36,288,987	0	36,288,987	29,468,099	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,417,654,649	141,702,747	0	141,702,747	29,530,790	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,417,654,649	141,702,747	0	141,702,747	29,530,790	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	15,609,037	0	1.00
2.00	Land Improvements	52,157,219	0	2.00
3.00	Buildings and Fixtures	1,052,227,981	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	409,832,369	0	5.00
6.00	Movable Equipment	0	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,529,826,606	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	1,529,826,606	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part II Date/Time Prepared: 11/18/2014 9:28 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	CAP REL COSTS-GENERAL HOSP	27,981,375	0	0	0	0	1.01
1.02	CAP REL COSTS-WESTLAWN	51,178	0	0	0	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,496	0	0	0	0	1.03
1.04	CAP REL COSTS-CDD	285,771	0	0	0	0	1.04
1.05	CAP REL COSTS-IRL	3,277,189	0	0	0	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	38,044,757	0	0	0	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	3,472,777	0	0	0	0	2.05
3.00	Total (sum of lines 1-2)	73,357,543	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	27,981,375	1.01
1.02	CAP REL COSTS-WESTLAWN	0	51,178	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	244,496	1.03
1.04	CAP REL COSTS-CDD	0	285,771	1.04
1.05	CAP REL COSTS-IRL	0	3,277,189	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	38,044,757	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	3,472,777	2.05
3.00	Total (sum of lines 1-2)	0	73,357,543	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part III Date/Time Prepared: 11/18/2014 9:28 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	CAP REL COSTS-GENERAL HOSP	1,049,768,088	0	1,049,768,088	0.686201	0	1.01
1.02	CAP REL COSTS-WESTLAWN	1,187,882	0	1,187,882	0.000776	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	6,015,421	0	6,015,421	0.003932	0	1.03
1.04	CAP REL COSTS-CDD	7,979,131	0	7,979,131	0.005216	0	1.04
1.05	CAP REL COSTS-IRL	55,043,716	0	55,043,716	0.035980	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	393,781,628	0	393,781,628	0.257403	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	16,050,741	0	16,050,741	0.010492	0	2.05
3.00	Total (sum of lines 1-2)	1,529,826,607	0	1,529,826,607	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	CAP REL COSTS-GENERAL HOSP	0	0	0	27,485,506	0	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	51,178	0	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	244,496	0	1.03
1.04	CAP REL COSTS-CDD	0	0	0	285,771	0	1.04
1.05	CAP REL COSTS-IRL	0	0	0	3,215,597	0	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	38,043,485	0	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	3,472,777	0	2.05
3.00	Total (sum of lines 1-2)	0	0	0	72,798,810	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-GENERAL HOSP	0	971,409	0	0	28,456,915	1.01
1.02	CAP REL COSTS-WESTLAWN	0	0	0	0	51,178	1.02
1.03	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	0	244,496	1.03
1.04	CAP REL COSTS-CDD	0	0	0	0	285,771	1.04
1.05	CAP REL COSTS-IRL	0	0	0	0	3,215,597	1.05
2.00	CAP REL COSTS-MVBLE EQUIP	0	354,705	0	0	38,398,190	2.00
2.05	CAP REL COSTS-MVBLE EQUIP-IRL	0	0	0	0	3,472,777	2.05
3.00	Total (sum of lines 1-2)	0	1,326,114	0	0	74,124,924	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/18/2014 9:28 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 - CAP REL COSTS-GENERAL HOSP (chapter 2)		0	CAP REL COSTS-GENERAL HOSP	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-WESTLAWN (chapter 2)		0	CAP REL COSTS-WESTLAWN	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-ORTHO SPORTS MED BLDG (chapter 2)		0	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-CDD (chapter 2)		0	CAP REL COSTS-CDD	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-IRL (chapter 2)		0	CAP REL COSTS-IRL	1.05	0	1.05
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.05	Investment income - CAP REL COSTS-MVBLE EQUIP-IRL (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP-IRL	2.05	0	2.05
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-9,247	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-208,770	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-15,748,669			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	-3,159,522			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-GENERAL HOSP		0	CAP REL COSTS-GENERAL HOSP	1.01	0	26.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/18/2014 9:28 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	
26.02	Depreciation - CAP REL COSTS-WESTLAWN		0	CAP REL COSTS-WESTLAWN	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-ORTHO SPORTS MED BLDG		0	CAP REL COSTS-ORTHO SPORTS MED BLDG	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-CDD		0	CAP REL COSTS-CDD	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-IRL		0	CAP REL COSTS-IRL	1.05	0	26.05
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.05	Depreciation - CAP REL COSTS-MVBLE EQUIP-IRL		0	CAP REL COSTS-MVBLE EQUIP-IRL	2.05	0	27.05
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-100,511	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	A71 TELEVISION UTILITIES	A	-39,844	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	33.00
33.01	A74 INTEREST EXPENSE - UNNECESSARY	A	-8,607,176	INTEREST EXPENSE	113.00	0	33.01
33.02			0		0.00	0	33.02
33.03	A76 DEPRECIATION ADJUSTMENT	A	-73,851	CAP REL COSTS-GENERAL HOSP	1.01	9	33.03
33.04	A76 DEPRECIATION ADJUSTMENT	A	-16,229	ADMINISTRATIVE & GENERAL	5.00	9	33.04
33.05	A76 DEPRECIATION ADJUSTMENT	A	-13,784	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	9	33.05
33.06	A76 DEPRECIATION ADJUSTMENT	A	-5,169	HOUSEKEEPING-GENERAL HOSPITAL	9.01	9	33.06
33.07	A76 DEPRECIATION ADJUSTMENT	A	-47,341	NURSING ADMINISTRATION	13.00	9	33.07
33.08	A76 DEPRECIATION ADJUSTMENT	A	-6,182	PHARMACY	15.00	9	33.08
33.09	A76 DEPRECIATION ADJUSTMENT	A	-5,621	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	9	33.09
33.10	A76 DEPRECIATION ADJUSTMENT	A	-26,595	OPERATING ROOM	50.00	9	33.10
33.11	A76 DEPRECIATION ADJUSTMENT	A	-7,280	RADIOLOGY-DIAGNOSTIC	54.00	9	33.11
33.12	A76 DEPRECIATION ADJUSTMENT	A	-5,543	RADIOLOGY-THERAPEUTIC	55.00	9	33.12
33.13	A76 DEPRECIATION ADJUSTMENT	A	-7,872	RADIOLOGY - PET SCAN	55.02	9	33.13
33.14	A76 DEPRECIATION ADJUSTMENT	A	-19,229	LABORATORY	60.00	9	33.14
33.15	A76 DEPRECIATION ADJUSTMENT	A	-5,491	ASC (NON-DISTINCT PART)	75.00	9	33.15
33.16	A76 DEPRECIATION ADJUSTMENT	A	-13,331	PSYCHIATRIC CLINIC	90.13	9	33.16
33.17	A76 DEPRECIATION ADJUSTMENT	A	35,933	CAP REL COSTS-GENERAL HOSP	1.01	9	33.17
33.18			0		0.00	0	33.18
33.19	A78 REMOVE DEPT SUPPORT 7865 7866 78	A	-73,310,308	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	A79 EMPLOYEE SCREENING PHYSICIANS	A	-137,902	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21			0		0.00	0	33.21
33.22	A81 CONTINUING ED	B	-97,533	NURSING ADMINISTRATION	13.00	0	33.22
33.23	A81 CONTINUING ED	B	-76,408	PHARMACY	15.00	0	33.23
33.24	A81 CONTINUING ED	B	-3,238	SOCIAL SERVICE	17.00	0	33.24
33.25	A81 CONTINUING ED	B	-146,508	PARAMEDICAL EDUC - RAD TECH	23.04	0	33.25
33.26	A81 CONTINUING ED-PARAMED ED PASTORA	B	-1,026	ADMINISTRATIVE & GENERAL	5.00	0	33.26
33.27	A81 CONTINUING ED	B	-56,144	OPERATING ROOM	50.00	0	33.27
33.28	A81 CONTINUING ED	B	-7,106	CARDIAC CATHETERIZATION	59.00	0	33.28
33.29	A81 CONTINUING ED	B	-41,588	CARDIOLOGY	60.02	0	33.29
33.30	A81 CONTINUING ED	B	-7,233	RESPIRATORY THERAPY	65.00	0	33.30
33.31	A81 CONTINUING ED	B	-24,148	PHYSICAL THERAPY	66.00	0	33.31
33.32	A81 CONTINUING ED	B	-405	PEDIATRIC CLINIC	90.10	0	33.32
33.33			0		0.00	0	33.33
33.34	A82 LOBBYING EXPENSES	A	-51,656	ADMINISTRATIVE & GENERAL	5.00	0	33.34
33.35			0		0.00	0	33.35
33.36	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,349,713	ADMINISTRATIVE & GENERAL	5.00	0	33.36

ADJUSTMENTS TO EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/18/2014 9:28 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	
33.37	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-130,818	SOCIAL SERVICE	17.00	0	33.37
33.38	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-244,043	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.38
33.39	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-275,358	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.39
33.40	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-1,042,248	SUBPROVIDER - IPF	40.00	0	33.40
33.41	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-896,395	RADIOLOGY-THERAPEUTIC	55.00	0	33.41
33.42	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-455,927	RADIOLOGY - PET SCAN	55.02	0	33.42
33.43	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-123,022	PHYSICAL THERAPY	66.00	0	33.43
33.44	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-98,611	OTOLARYNGOLOGY CLINIC	90.09	0	33.44
33.45	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-71,068	SURGERY CLINIC	90.11	0	33.45
33.46	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-108,186	PSYCHIATRIC CLINIC	90.13	0	33.46
33.47	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-2,678,357	FAMILY CARE CLINIC	90.15	0	33.47
33.48	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-6,366,122	EMERGENCY	91.00	9	33.48
33.49	A84 CLINICAL FACULTY IN HOSP ACCOUNT	A	-360,360	VENDING/PATIENT ART	190.01	0	33.49
33.50			0		0.00	0	33.50
34.00	A84 CLINICAL FACULTY MALPRACTICE	A	-5,161	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	A84 CLINICAL FACULTY MALPRACTICE	A	-1,598	BURN INTENSIVE CARE UNIT	33.00	0	34.01
34.02	A84 CLINICAL FACULTY MALPRACTICE	A	-4,888	NEONATAL INTENSIVE CARE UNIT	35.00	0	34.02
34.03	A84 CLINICAL FACULTY MALPRACTICE	A	-4,076	CARDIOLOGY	60.02	0	34.03
34.04	A84 CLINICAL FACULTY MALPRACTICE	A	-3,834	INTERNAL MEDICINE CLINIC	90.04	0	34.04
34.05	A84 CLINICAL FACULTY MALPRACTICE	A	-2,717	IRL-OB/GYN CLINIC	90.26	0	34.05
34.06	A84 CLINICAL FACULTY MALPRACTICE	A	-225,342	EMERGENCY	91.00	0	34.06
34.07	A84 CLINICAL FACULTY MALPRACTICE	A	-1,917	KIDNEY ACQUISITION	105.00	0	34.07
34.08	A84 CLINICAL FACULTY MEMBERSHIPS	A	-463	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	34.08
34.09	A84 CLINICAL FACULTY MEMBERSHIPS	A	-100	RADIOLOGY-DIAGNOSTIC	54.00	0	34.09
34.10	A84 CLINICAL FACULTY MEMBERSHIPS	A	-1,675	ULTRA SOUND	55.01	0	34.10
34.11	A84 CLINICAL FACULTY MEMBERSHIPS	A	-1,867	RADIOLOGY - PET SCAN	55.02	0	34.11
34.12	A84 CLINICAL FACULTY MEMBERSHIPS	A	-300	OB-GYN CLINIC	90.06	0	34.12
34.13	A84 CLINICAL FACULTY MEMBERSHIPS	A	-754	OTOLARYNGOLOGY CLINIC	90.09	0	34.13
34.14	A84 CLINICAL FACULTY MEMBERSHIPS	A	-22,034	EMERGENCY	91.00	0	34.14
34.15			0		0.00	0	34.15
34.16	A86 BAXTER CREDIT MEMO	A	-1,272	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.16
34.17			0		0.00	0	34.17
34.18	A87 CAPITALIZED INTEREST IRL	A	-34,112	CAP REL COSTS-IRL	1.05	9	34.18
34.19	A87 CAPITALIZED INTEREST UIHC	A	-591,303	CAP REL COSTS-GENERAL HOSP	1.01	9	34.19
34.20	A87 IRL PARKING GARAGE - DEPREC	A	-27,480	CAP REL COSTS-IRL	1.05	9	34.20
34.21	A90 REVENUE TRANSFERRED TO FUND 285	B	-9,880,088	ADMINISTRATIVE & GENERAL	5.00	0	34.21
34.22			0		0.00	0	34.22
34.23	A96 PATH LAB TRANSFER	A	445,266	LABORATORY	60.00	0	34.23
34.24	A96 PATH LAB TRANSFER	A	138,706	ANATOMICAL LABORATORY	60.01	0	34.24
34.25			0		0.00	0	34.25

ADJUSTMENTS TO EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/18/2014 9:28 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	
34.26	A97 FELLOWS STIPENDS-FRINGE BENEFITS	A	2,639,779	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	34.26
34.27	A97 FELLOWS STIPENDS-SALARY	A	8,331,943	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	34.27
34.28			0		0.00	0	34.28
34.29	A99 MALPRACTICE	A	2,039,389	ADMINISTRATIVE & GENERAL	5.00	9	34.29
34.30			0		0.00	0	34.30
34.31	A101 VOLUNTEER	A	1,397,103	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	34.31
34.32	A103 HOSP LIBRARY COST	A	1,589,934	ADMINISTRATIVE & GENERAL	5.00	0	34.32
34.33	A105 EMSLRC TRANSFER	A	525,035	OTHER NON-ALLOWABLE	190.13	0	34.33
34.34			0		0.00	0	34.34
34.35	A106 FACULTY TIME STUDY	A	9,163,446	ADMINISTRATIVE & GENERAL	5.00	0	34.35
34.36	A106 FACULTY TIME STUDY	A	1,960,977	ADMINISTRATIVE & GENERAL	5.00	0	34.36
34.37	A106 FACULTY TIME STUDY	A	152,804	ADMINISTRATIVE & GENERAL	5.00	0	34.37
34.38	A106 FACULTY TIME STUDY	A	16,754,294	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.38
34.39	A106 FACULTY TIME STUDY	A	3,585,419	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.39
34.40	A106 FACULTY TIME STUDY	A	447,120	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.40
34.41	A106 FACULTY TIME STUDY	A	327,593	LABORATORY	60.00	0	34.41
34.42	A106 FACULTY TIME STUDY	A	70,105	LABORATORY	60.00	0	34.42
34.43	A106 FACULTY TIME STUDY	A	3,037	LABORATORY	60.00	0	34.43
34.44	A106 FACULTY TIME STUDY	A	625,307	ANATOMICAL LABORATORY	60.01	0	34.44
34.45	A106 FACULTY TIME STUDY	A	133,816	ANATOMICAL LABORATORY	60.01	0	34.45
34.46	A106 FACULTY TIME STUDY	A	3,320	ANATOMICAL LABORATORY	60.01	0	34.46
34.47			0		0.00	0	34.47
34.48	A109 PLANT OPS & MAINTENACE	A	133,352	CAP REL COSTS-GENERAL HOSP	1.01	9	34.48
34.49	A109 PLANT OPS & MAINTENACE	A	45,935	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	34.49
34.50	A109 PLANT OPS & MAINTENACE	A	69,319	HOUSEKEEPING-GENERAL HOSPITAL	9.01	0	34.50
34.51	A109 UNECESSARY BORROWING	A	-2,306,732	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	34.51
34.52			0		0.00	0	34.52
34.53	A116 OTHER REVENUE	B	-6,305,609	ADMINISTRATIVE & GENERAL	5.00	0	34.53
34.54	A116 OTHER REVENUE	B	-370,674	MAINTENANCE & REPAIRS-GENERAL HOSP	6.01	0	34.54
34.55	A116 OTHER REVENUE	B	-39,768	HOUSEKEEPING-GENERAL HOSPITAL	9.01	0	34.55
34.56	A116 OTHER REVENUE	B	-35,899	DIETARY	10.00	0	34.56
34.57	A116 OTHER REVENUE	B	-7,688,323	CAFETERIA	11.00	0	34.57
34.58	A116 OTHER REVENUE	B	-1,692	PHARMACY	15.00	0	34.58
34.59	A116 OTHER REVENUE	B	-1,488,636	MEDICAL RECORDS PREPARATION	16.01	0	34.59
34.60	A116 OTHER REVENUE	B	-704,628	MEDICAL RECORDS PROCESSING	16.02	0	34.60
34.61	A116 OTHER REVENUE	B	-37,232	SOCIAL SERVICE	17.00	0	34.61
34.62	A116 OTHER REVENUE	B	36	OPERATING ROOM	50.00	0	34.62
34.63	A116 OTHER REVENUE	B	-18,500	RADIOLOGY-DIAGNOSTIC	54.00	0	34.63
34.64	A116 OTHER REVENUE	B	-38,383	ANATOMICAL LABORATORY	60.01	0	34.64
34.65	A116 OTHER REVENUE	B	-28,186	BONE MARROW TRANSPLANT	63.02	0	34.65
34.66	A116 OTHER REVENUE	B	-26,418	PHYSICAL THERAPY	66.00	0	34.66
34.67	A116 OTHER REVENUE	B	-22,730	ELECTROCARDIOLOGY	69.00	0	34.67
34.68	A116 OTHER REVENUE	B	-12,772	CARDIAC REHABILITATION	76.97	0	34.68
34.69	A116 OTHER REVENUE	B	-247,506	ORAL SURGERY CLINIC	90.03	0	34.69
34.70	A116 OTHER REVENUE	B	-478,696	FAMILY CARE CLINIC	90.15	0	34.70
34.71	A116 OTHER REVENUE	B	-65,088	EMERGENCY	91.00	0	34.71
34.72	A116 OTHER REVENUE	B	-268	VENDING/PATIENT ART	190.01	0	34.72
34.73	A116 OTHER REVENUE	B	-27,531	PATIENT EDUCATION SERVICE	190.06	0	34.73
34.74	A116 OTHER REVENUE	B	-190,557	EPIC REMOTE HOSTING	190.14	0	34.74
34.75			0		0.00	0	34.75
34.76	A117 PHYS COST - CAD KID	A	35,401	KIDNEY ACQUISITION	105.00	0	34.76
34.77	A117 PHYS COST - HEART	A	40,408	KIDNEY ACQUISITION	105.00	0	34.77
34.78	A117 PHYS COST - LIVE KID	A	93	PANCREAS ACQUISITION	109.00	0	34.78
34.79	A117 PHYS COST - LIVER	A	20,013	LIVER ACQUISITION	107.00	0	34.79
34.80	A117 PHYS COST - LUNG	A	4,772	HEART ACQUISITION	106.00	0	34.80
34.81	A117 PHYS COST - PANC	A	3,643	LUNG ACQUISITION	108.00	0	34.81
34.82			0		0.00	0	34.82
34.83	A118 STAFF TRANSPLANT TIME STUDIES	A	97,383	INTERNAL MEDICINE CLINIC	90.04	0	34.83

ADJUSTMENTS TO EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/18/2014 9:28 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	
34.84	A118 STAFF TRANSPLANT TIME STUDIES	A	10,960	SURGERY CLINIC	90.11	0	34.84
34.85	A118 STAFF TRANSPLANT TIME STUDIES	A	105,791	KIDNEY ACQUISITION	105.00	0	34.85
34.86	A118 STAFF TRANSPLANT TIME STUDIES	A	8,961	HEART ACQUISITION	106.00	0	34.86
34.87	A118 STAFF TRANSPLANT TIME STUDIES	A	59,979	LIVER ACQUISITION	107.00	0	34.87
34.88	A118 STAFF TRANSPLANT TIME STUDIES	A	30,514	LUNG ACQUISITION	108.00	0	34.88
34.89	A118 STAFF TRANSPLANT TIME STUDIES	A	5,926	PANCREAS ACQUISITION	109.00	0	34.89
34.90			0		0.00	0	34.90
34.91	A119 CLINIC TIME STUDIES-SALARY	A	1,162,790	MEDICAL RECORDS PREPARATION	16.01	0	34.91
34.92	A119 CLINIC TIME STUDIES-SALARY	A	195	ANESTHESIOLOGY	53.00	0	34.92
34.93	A119 CLINIC TIME STUDIES-SALARY	A	124,207	DERMATOLOGY CLINIC	90.02	0	34.93
34.94	A119 CLINIC TIME STUDIES-SALARY	A	151,017	ORAL SURGERY CLINIC	90.03	0	34.94
34.95	A119 CLINIC TIME STUDIES-SALARY	A	173,863	INTERNAL MEDICINE CLINIC	90.04	0	34.95
34.96	A119 CLINIC TIME STUDIES-SALARY	A	58,061	NEUROLOGY CLINIC	90.05	0	34.96
34.97	A119 CLINIC TIME STUDIES-SALARY	A	337,154	OB-GYN CLINIC	90.06	0	34.97
34.98	A119 CLINIC TIME STUDIES-SALARY	A	533,114	OPHTHALMOLOGY CLINIC	90.07	0	34.98
34.99	A119 CLINIC TIME STUDIES-SALARY	A	329,536	ORTHOPAEDICS CLINIC	90.08	0	34.99
35.00	A119 CLINIC TIME STUDIES-SALARY	A	412,720	OTOLARYNGOLOGY CLINIC	90.09	0	35.00
35.01	A119 CLINIC TIME STUDIES-SALARY	A	308,857	PEDIATRIC CLINIC	90.10	0	35.01
35.02	A119 CLINIC TIME STUDIES-SALARY	A	488,853	SURGERY CLINIC	90.11	0	35.02
35.03	A119 CLINIC TIME STUDIES-SALARY	A	106,520	UROLOGY CLINIC	90.12	0	35.03
35.04	A119 CLINIC TIME STUDIES-SALARY	A	72,104	PSYCHIATRIC CLINIC	90.13	0	35.04
35.05	A119 CLINIC TIME STUDIES-SALARY	A	66,683	FAMILY CARE CLINIC	90.15	0	35.05
35.06	A119 CLINIC TIME STUDIES-FRINGE	A	470,272	MEDICAL RECORDS PREPARATION	16.01	9	35.06
35.07	A119 CLINIC TIME STUDIES-FRINGE	A	17	ANESTHESIOLOGY	53.00	0	35.07
35.08	A119 CLINIC TIME STUDIES-FRINGE	A	44,473	DERMATOLOGY CLINIC	90.02	0	35.08
35.09	A119 CLINIC TIME STUDIES-FRINGE	A	57,149	ORAL SURGERY CLINIC	90.03	0	35.09
35.10	A119 CLINIC TIME STUDIES-FRINGE	A	63,790	INTERNAL MEDICINE CLINIC	90.04	0	35.10
35.11	A119 CLINIC TIME STUDIES-FRINGE	A	25,188	NEUROLOGY CLINIC	90.05	0	35.11
35.12	A119 CLINIC TIME STUDIES-FRINGE	A	122,320	OB-GYN CLINIC	90.06	0	35.12
35.13	A119 CLINIC TIME STUDIES-FRINGE	A	201,429	OPHTHALMOLOGY CLINIC	90.07	0	35.13
35.14	A119 CLINIC TIME STUDIES-FRINGE	A	119,097	ORTHOPAEDICS CLINIC	90.08	0	35.14
35.15	A119 CLINIC TIME STUDIES-FRINGE	A	145,493	OTOLARYNGOLOGY CLINIC	90.09	0	35.15
35.16	A119 CLINIC TIME STUDIES-FRINGE	A	107,427	PEDIATRIC CLINIC	90.10	0	35.16
35.17	A119 CLINIC TIME STUDIES-FRINGE	A	188,856	SURGERY CLINIC	90.11	0	35.17
35.18	A119 CLINIC TIME STUDIES-FRINGE	A	40,353	UROLOGY CLINIC	90.12	0	35.18
35.19	A119 CLINIC TIME STUDIES-FRINGE	A	24,435	PSYCHIATRIC CLINIC	90.13	0	35.19

ADJUSTMENTS TO EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/18/2014 9:28 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	
35.20	A119 CLINIC TIME STUDIES-FRINGE	A	22,211	FAMILY CARE CLINIC	90.15	0	35.20
35.21			0		0.00	0	35.21
35.22	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	415,928	ANESTHESIOLOGY	53.00	0	35.22
35.23	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	107,577	DERMATOLOGY CLINIC	90.02	0	35.23
35.24	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	6,282	ORAL SURGERY CLINIC	90.03	0	35.24
35.25	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	910,244	INTERNAL MEDICINE CLINIC	90.04	0	35.25
35.26	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	136,153	NEUROLOGY CLINIC	90.05	0	35.26
35.27	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	387,330	OB-GYN CLINIC	90.06	0	35.27
35.28	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	583,816	OPHTHALMOLOGY CLINIC	90.07	0	35.28
35.29	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	744,452	ORTHOPAEDICS CLINIC	90.08	0	35.29
35.30	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	202,404	OTOLARYNGOLOGY CLINIC	90.09	0	35.30
35.31	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	618,929	PEDIATRIC CLINIC	90.10	0	35.31
35.32	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	500,580	SURGERY CLINIC	90.11	0	35.32
35.33	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	216,751	UROLOGY CLINIC	90.12	0	35.33
35.34	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	45,615	PSYCHIATRIC CLINIC	90.13	0	35.34
35.35	A119 CLINIC TIME STUDIES-FAC SEC SAL	A	35,083	FAMILY CARE CLINIC	90.15	0	35.35
35.36	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	209,396	ANESTHESIOLOGY	53.00	0	35.36
35.37	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	54,158	DERMATOLOGY CLINIC	90.02	0	35.37
35.38	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	3,173	ORAL SURGERY CLINIC	90.03	0	35.38
35.39	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	438,867	INTERNAL MEDICINE CLINIC	90.04	0	35.39
35.40	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	63,241	NEUROLOGY CLINIC	90.05	0	35.40
35.41	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	186,007	OB-GYN CLINIC	90.06	0	35.41
35.42	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	290,985	OPHTHALMOLOGY CLINIC	90.07	0	35.42
35.43	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	364,924	ORTHOPAEDICS CLINIC	90.08	0	35.43
35.44	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	95,974	OTOLARYNGOLOGY CLINIC	90.09	0	35.44
35.45	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	300,737	PEDIATRIC CLINIC	90.10	0	35.45
35.46	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	247,680	SURGERY CLINIC	90.11	0	35.46
35.47	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	106,873	UROLOGY CLINIC	90.12	0	35.47
35.48	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	22,888	PSYCHIATRIC CLINIC	90.13	0	35.48
35.49	A119 CLINIC TIME STUDIES-FAC SEC FRI	A	17,860	FAMILY CARE CLINIC	90.15	0	35.49
35.50			0		0.00	0	35.50
35.51	A119 CLINIC TIME STUDIES-FAC SEC A&G	A	224,889	ADMINISTRATIVE & GENERAL	5.00	0	35.51
35.52	A119 CLINIC TIME STUDIES-FAC SEC A&G	A	109,512	ADMINISTRATIVE & GENERAL	5.00	0	35.52
35.53	A119 CLINIC TIME STUDIES-FAC SEC GME	A	568,089	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.53
35.54	A119 CLINIC TIME STUDIES-FAC SEC GME	A	286,001	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	35.54
35.55			0		0.00	0	35.55
35.56	A129 IRL FUND 990 ADJ	A	-9,360,528	ADMINISTRATIVE & GENERAL	5.00	0	35.56
35.57	A130 VACATION AND SICK	A	-10,036	ADMINISTRATIVE & GENERAL	5.00	0	35.57

ADJUSTMENTS TO EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/18/2014 9:28 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	
35.58			0		0.00	0	35.58
35.59	A140 PART B ARNP	B	-2,394	ADMINISTRATIVE & GENERAL	5.00	0	35.59
35.60	A140 PART B ARNP	B	-40,313	NURSING ADMINISTRATION	13.00	0	35.60
35.61	A140 PART B ARNP	B	-6,428	SOCIAL SERVICE	17.00	0	35.61
35.62	A140 PART B ARNP	B	-23,410	ADULTS & PEDIATRICS	30.00	0	35.62
35.63	A140 PART B ARNP	B	-639	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	35.63
35.64	A140 PART B ARNP	B	-5,161	SUBPROVIDER - IPF	40.00	0	35.64
35.65	A140 PART B ARNP	B	-16,600	RADIOLOGY-DIAGNOSTIC	54.00	0	35.65
35.66	A140 PART B ARNP	B	-12,142	CARDIOLOGY	60.02	0	35.66
35.67	A140 PART B ARNP	B	-9,460	CDC - REHAB	76.07	0	35.67
35.68	A140 PART B ARNP	B	-3,464	ORTHOPAEDICS CLINIC	90.08	0	35.68
35.69	A140 PART B ARNP	B	-5,190	PSYCHIATRIC CLINIC	90.13	0	35.69
35.70	A140 PART B ARNP	B	-34,801	FAMILY CARE CLINIC	90.15	0	35.70
35.71	A140 PART B ARNP	B	-6,976	IRL-CARDIOLOGY CLINIC	90.20	0	35.71
35.72	A140 PART B ARNP	B	-522	IRL-OB/GYN CLINIC	90.26	0	35.72
35.73	A140 PART B ARNP	B	-2,394	VENDING/PATIENT ART	190.01	0	35.73
35.74	A140 PART B ARNP-ALREADY ON A106	A	-8,031	ADULTS & PEDIATRICS	30.00	0	35.74
35.75	A140 PART B ARNP-ALREADY ON A106	A	-121,160	BURN INTENSIVE CARE UNIT	33.00	0	35.75
35.76	A140 PART B ARNP-ALREADY ON A106	A	-30,748	OPERATING ROOM	50.00	0	35.76
35.77	A140 PART B ARNP-ALREADY ON A106	A	-2,238	RADIOLOGY-DIAGNOSTIC	54.00	0	35.77
35.78	A140 PART B ARNP-ALREADY ON A106	A	-159,930	CARDIOLOGY	60.02	0	35.78
35.79	A140 PART B ARNP-ALREADY ON A106	A	-170,654	INTERNAL MEDICINE CLINIC	90.04	0	35.79
35.80	A140 PART B ARNP-ALREADY ON A106	A	-74,741	SURGERY CLINIC	90.11	0	35.80
35.81	A140 PART B ARNP-ALREADY ON A106	A	-140,181	EMERGENCY	91.00	0	35.81
35.82			0		0.00	0	35.82
35.83			0		0.00	0	35.83
35.84	KIDNEY/PANC OVERACCRUAL FOR FY2013	A	32,500	KIDNEY ACQUISITION	105.00	0	35.84
35.85	KIDNEY/PANC OVERACCRUAL FOR FY2013	A	36,500	PANCREAS ACQUISITION	109.00	0	35.85
35.86			0		0.00	0	35.86
35.87			0		0.00	0	35.87
35.88			0		0.00	0	35.88
35.89			0		0.00	0	35.89
35.90			0		0.00	0	35.90
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-92,911,244				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: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet A-8-1 Date/Time Prepared: 11/18/2014 9:28 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	5.00	ADMINISTRATIVE & GENERAL	PURCHASED SUPPLIES	2,350,914	2,350,914	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	UNIVERSITY OVERHEAD	16,107,048	16,107,048	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOSP COMM ADMIN	11,277,227	11,277,227	3.00
4.00	6.01	MAINTENANCE & REPAIRS-GENERA	UTILITIES	29,762,407	29,762,407	4.00
4.01	8.00	LAUNDRY & LINEN SERVICE	PURCHASED LAUNDRY	3,742,053	3,742,053	4.01
4.02	9.00	HOUSEKEEPING	HOUSEKEEPING	69,319	69,319	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	CLIN FACULTY HOUSE STAFF	22,034,176	22,034,176	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	VPMA SUPPORT	15,103,960	18,263,482	4.04
5.00	0		0	100,447,104	103,606,626	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	G	UNIV OF IOWA	100.00	UNIV OF IOWA	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				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: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet A-8-1 Date/Time Prepared: 11/18/2014 9:28 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	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	-3,159,522	0		4.04
5.00	-3,159,522			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	STATE UNIVERSIT		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/18/2014 9:28 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,124,804	0	1,124,804	200,300	4,643	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,174,830	0	2,174,830	200,300	12,372	2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	200,300	0	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	96,477	0	96,477	171,400	346	4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	403,100	0	403,100	171,400	2,265	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	171,400	0	6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	188,275	0	188,275	171,400	1,242	7.00
8.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	237,817	0	237,817	171,400	1,560	8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	171,400	0	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	329,091	0	329,091	136,700	2,427	10.00
11.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	60,128	0	60,128	136,700	467	11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	136,700	0	12.00
13.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,228,033	0	2,228,033	204,100	8,980	13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,654,931	0	1,654,931	204,100	7,521	14.00
15.00	60.00	AGGREGATE-LABORATORY	0	0	0	204,100	0	15.00
16.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	101,309	0	101,309	171,400	400	16.00
17.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	64,353	0	64,353	171,400	230	17.00
18.00	60.00	AGGREGATE-LABORATORY	0	0	0	171,400	0	18.00
19.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	4,274,183	0	4,274,183	154,100	24,575	19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,460,613	0	1,460,613	154,100	10,853	20.00
21.00	60.00	AGGREGATE-LABORATORY	0	0	0	154,100	0	21.00
22.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	151,889	0	151,889	171,400	1,319	22.00
23.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	378,964	0	378,964	171,400	3,068	23.00
24.00	60.00	AGGREGATE-LABORATORY	0	0	0	171,400	0	24.00
25.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	41,755	0	41,755	204,100	125	25.00
26.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	650,391	0	650,391	204,100	2,138	26.00
27.00	60.00	AGGREGATE-LABORATORY	0	0	0	204,100	0	27.00
28.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	234,471	0	234,471	194,500	1,206	28.00
29.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,153,497	0	2,153,497	194,500	12,910	29.00
30.00	60.00	AGGREGATE-LABORATORY	0	0	0	194,500	0	30.00
31.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	115,851	0	115,851	171,400	509	31.00
32.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	539,396	0	539,396	171,400	3,199	32.00
33.00	60.00	AGGREGATE-LABORATORY	0	0	0	171,400	0	33.00
34.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	20,491	0	20,491	171,400	385	34.00
35.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,657,685	0	2,657,685	171,400	11,603	35.00
36.00	60.00	AGGREGATE-LABORATORY	0	0	0	171,400	0	36.00
37.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	382,664	0	382,664	171,400	1,097	37.00
38.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	549,642	0	549,642	171,400	2,846	38.00
39.00	60.00	AGGREGATE-LABORATORY	0	0	0	171,400	0	39.00
40.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	537,179	0	537,179	219,500	2,782	40.00
41.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	951,837	0	951,837	219,500	7,615	41.00
42.00	60.00	AGGREGATE-LABORATORY	397,698	0	397,698	219,500	3,230	42.00
43.00	60.01	AGGREGATE-ANATOMICAL LABORATORY	759,122	0	759,122	219,500	5,514	43.00
44.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	650,251	0	650,251	152,100	4,256	44.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/18/2014 9:28 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	
45.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,518,048	0	2,518,048	152,100	19,479	45.00
46.00	60.00	AGGREGATE-LABORATORY	0	0	0	152,100	0	46.00
47.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	210,554	0	210,554	142,500	1,740	47.00
48.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	539,281	0	539,281	142,500	5,133	48.00
49.00	60.00	AGGREGATE-LABORATORY	0	0	0	142,500	0	49.00
50.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	231,100	0	50.00
51.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	167,203	0	167,203	231,100	683	51.00
52.00	60.00	AGGREGATE-LABORATORY	0	0	0	231,100	0	52.00
53.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	35,561	0	35,561	231,100	154	53.00
54.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,238,598	0	2,238,598	231,100	12,488	54.00
55.00	60.00	AGGREGATE-LABORATORY	0	0	0	231,100	0	55.00
56.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	265,440	0	265,440	204,100	755	56.00
57.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	236,095	0	236,095	204,100	577	57.00
58.00	60.00	AGGREGATE-LABORATORY	0	0	0	204,100	0	58.00
59.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	136,147	0	136,147	171,400	590	59.00
60.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	703,305	0	703,305	171,400	3,633	60.00
61.00	60.00	AGGREGATE-LABORATORY	0	0	0	171,400	0	61.00
62.00	0.00	AGGREGATE-	0	0	0	0	0	62.00
63.00	0.00	AGGREGATE-	0	0	0	0	0	63.00
200.00			32,620,959	0	32,620,959		186,915	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	447,112	22,356	0	0	9,132	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,191,400	59,570	884	884	27,137	2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	28,512	1,426	392	392	436	4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	186,645	9,332	1,751	1,751	2,877	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	102,346	5,117	698	698	4,143	7.00
8.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	128,550	6,428	909	909	5,147	8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	159,505	7,975	910	910	2,564	10.00
11.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	30,692	1,535	66	66	437	11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	12.00
13.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	881,163	44,058	7,054	7,054	40,716	13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	737,998	36,900	6,074	6,074	34,014	14.00
15.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	15.00
16.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	32,962	1,648	0	0	0	16.00
17.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	18,953	948	0	0	0	17.00
18.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	18.00
19.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,820,677	91,034	4,231	4,231	37,457	19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	804,061	40,203	1,696	1,696	19,171	20.00
21.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	21.00
22.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	108,691	5,435	579	579	2,650	22.00
23.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	252,815	12,641	1,081	1,081	6,139	23.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/18/2014 9:28 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	
24.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	24.00
25.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	12,266	613	121	121	1,215	25.00
26.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	209,791	10,490	2,754	2,754	21,819	26.00
27.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	27.00
28.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	112,773	5,639	1,233	1,233	9,330	28.00
29.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,207,209	60,360	7,552	7,552	88,510	29.00
30.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	30.00
31.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	41,944	2,097	807	807	1,086	31.00
32.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	263,610	13,181	4,522	4,522	6,954	32.00
33.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	33.00
34.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	31,725	1,586	314	314	484	34.00
35.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	956,132	47,807	22,120	22,120	73,574	35.00
36.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	36.00
37.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	90,397	4,520	2,356	2,356	2,128	37.00
38.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	234,521	11,726	3,701	3,701	7,446	38.00
39.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	39.00
40.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	293,581	14,679	685	685	2,835	40.00
41.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	803,602	40,180	488	488	4,533	41.00
42.00	60.00	AGGREGATE-LABORATORY	340,858	17,043	68	68	2,970	42.00
43.00	60.01	AGGREGATE-ANATOMICAL LABORATORY	581,886	29,094	620	620	2,700	43.00
44.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	311,220	15,561	2,597	2,597	4,906	44.00
45.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,424,402	71,220	9,607	9,607	27,944	45.00
46.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	46.00
47.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	119,207	5,960	707	707	2,295	47.00
48.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	351,660	17,583	1,015	1,015	5,468	48.00
49.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	49.00
50.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	50.00
51.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	75,885	3,794	608	608	1,346	51.00
52.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	52.00
53.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	17,110	856	130	130	301	53.00
54.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,387,489	69,374	10,149	10,149	23,554	54.00
55.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	55.00
56.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	74,084	3,704	782	782	5,777	56.00
57.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	56,618	2,831	0	0	3,792	57.00
58.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	58.00
59.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	48,618	2,431	339	339	1,412	59.00
60.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	299,373	14,969	2,311	2,311	9,969	60.00
61.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	61.00
62.00	0.00	AGGREGATE-	0	0	0	0	0	62.00
63.00	0.00	AGGREGATE-	0	0	0	0	0	63.00
200.00			16,278,043	813,904	101,911	101,911	504,368	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	9,132	456,244	668,560	668,560		1.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/18/2014 9:28 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		
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	27,137	1,219,421	955,409	955,409		2.00
3.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		3.00
4.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	436	29,340	67,137	67,137		4.00
5.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	2,877	191,273	211,827	211,827		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	4,143	107,187	81,088	81,088		7.00
8.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	5,147	134,606	103,211	103,211		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,564	162,979	166,112	166,112		10.00
11.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	437	31,195	28,933	28,933		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		12.00
13.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	40,716	928,933	1,299,100	1,299,100		13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	34,014	778,086	876,845	876,845		14.00
15.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		15.00
16.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	32,962	68,347	68,347		16.00
17.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	18,953	45,400	45,400		17.00
18.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		18.00
19.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	37,457	1,862,365	2,411,818	2,411,818		19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	19,171	824,928	635,685	635,685		20.00
21.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		21.00
22.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,650	111,920	39,969	39,969		22.00
23.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	6,139	260,035	118,929	118,929		23.00
24.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		24.00
25.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,215	13,602	28,153	28,153		25.00
26.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	21,819	234,364	416,027	416,027		26.00
27.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		27.00
28.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	9,330	123,336	111,135	111,135		28.00
29.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	88,510	1,303,271	850,226	850,226		29.00
30.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		30.00
31.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,086	43,837	72,014	72,014		31.00
32.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	6,954	275,086	264,310	264,310		32.00
33.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		33.00
34.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	484	32,523	0	0		34.00
35.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	73,574	1,051,826	1,605,859	1,605,859		35.00
36.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		36.00
37.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,128	94,881	287,783	287,783		37.00
38.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	7,446	245,668	303,974	303,974		38.00
39.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		39.00
40.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,835	297,101	240,078	240,078		40.00
41.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	4,533	808,623	143,214	143,214		41.00
42.00	60.00	AGGREGATE-LABORATORY	2,970	343,896	53,802	53,802		42.00
43.00	60.01	AGGREGATE-ANATOMICAL LABORATORY	2,700	585,206	173,916	173,916		43.00
44.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	4,906	318,723	331,528	331,528		44.00
45.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	27,944	1,461,953	1,056,095	1,056,095		45.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/18/2014 9:28 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		
46.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		46.00
47.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,295	122,209	88,345	88,345		47.00
48.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	5,468	358,143	181,138	181,138		48.00
49.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		49.00
50.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0		50.00
51.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,346	77,839	89,364	89,364		51.00
52.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		52.00
53.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	301	17,541	18,020	18,020		53.00
54.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	23,554	1,421,192	817,406	817,406		54.00
55.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		55.00
56.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	5,777	80,643	184,797	184,797		56.00
57.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	3,792	60,410	175,685	175,685		57.00
58.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		58.00
59.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,412	50,369	85,778	85,778		59.00
60.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	9,969	311,653	391,652	391,652		60.00
61.00	60.00	AGGREGATE-LABORATORY	0	0	0	0		61.00
62.00	0.00	AGGREGATE-	0	0	0	0		62.00
63.00	0.00	AGGREGATE-	0	0	0	0		63.00
200.00			504,368	16,884,322	15,748,669	15,748,669		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			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	CAP REL COSTS-GENERAL HOSP	28,456,915	0	28,456,915			1.01
1.02	00102	CAP REL COSTS-WESTLAWN	51,178	0	0	51,178		1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	244,496	0	0	0	244,496	1.03
1.04	00104	CAP REL COSTS-CDD	285,771	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-IRL	3,215,597	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP	38,398,190					2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL	3,472,777					2.05
5.00	00500	ADMINISTRATIVE & GENERAL	125,694,348	0	3,998,577	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	44,259,730	0	494,457	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	230,196	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	577,238	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	3,317,026	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	1,964,644	0	91,312	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	19,510,583	0	245,974	0	0	9.01
9.04	00902	HOUSEKEEPING-CDD	209,248	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	486,222	0	0	0	0	9.05
10.00	01000	DIETARY	10,760,211	0	215,209	0	0	10.00
11.00	01100	CAFETERIA	12,714	0	548,870	0	0	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	11,660,283	0	705,231	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,986,494	0	144,823	0	0	14.00
15.00	01500	PHARMACY	135,423,626	0	460,798	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	3,455,562	0	162,256	0	0	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	4,669,874	0	113,779	0	0	16.02
17.00	01700	SOCIAL SERVICE	15,742,325	0	152,139	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	46,592,595	0	1,539,763	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,131,591	0	125,955	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	92,709	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	1,165,953	0	5,205	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	1,044,353	0	33,195	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,149,185	0	2,599,436	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	7,669,349	0	236,865	0	0	31.01
32.00	03200	CORONARY CARE UNIT	3,954,142	0	280,669	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,393,713	0	178,934	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,661,294	0	125,211	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,020,503	0	353,937	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,479,565	0	210,495	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	10,565,364	0	378,713	0	0	40.00
43.00	04300	NURSERY	1,542,305	0	12,096	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	57,971,959	0	1,037,592	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,623,011	0	163,491	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,471,594	0	236,998	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,949,418	0	885,400	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,923,721	0	363,656	0	0	55.00
55.01	03630	ULTRA SOUND	2,715,017	0	36,262	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	2,162,556	0	129,048	0	0	55.02
57.00	05700	CT SCAN	3,384,488	0	70,094	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,584,771	0	148,235	0	30,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,513,071	0	94,552	0	0	59.00
60.00	06000	LABORATORY	37,930,419	0	803,979	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	3,878,250	0	258,787	0	0	60.01
60.02	03140	CARDIOLOGY	7,657,694	0	228,659	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,224,355	0	146,867	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	2,806,043	0	24,936	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	3,298,373	0	108,202	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	6,050,012	0	43,897	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,114,822	0	111,428	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,012,279	0	31,854	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	587,823	0	12,680	0	0	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,706,161	0	26,476	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,428,632	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,644,970	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	721	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,228,092	0	115,093	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	11,016,124	0	851,501	0	0	75.00
76.00	03950	IVF/CULTURE LAB	2,087,222	0	147,266	0	0	76.00
76.02	03951	URODYNAMICS	476,657	0	6,134	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	872,182	0	37,935	0	0	76.03
76.04	03520	OPHTHALMOLOGY	1,485,325	0	67,439	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	4,807,286	0	159,627	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	773,170	0	69,895	0	0	76.06
76.07	03956	CDC - REHAB	365,948	0	22,201	0	0	76.07
76.08	03957	DIABETES EDUCATION	508,540	0	21,470	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	1,250,585	0	55,090	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	241,079	0	23,157	0	0	76.98
76.99	07699	LITHOTRIPSY	680,684	0	7,183	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	923,544	0	77,649	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	1,640,331	0	173,450	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	1,219,076	0	158,339	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	7,843,050	0	750,549	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	1,450,938	0	248,019	0	0	90.05
90.06	09006	OB-GYN CLINIC	4,188,850	0	417,751	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	5,965,351	0	477,674	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	4,998,728	0	416,516	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	5,257,713	0	410,076	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	8,745,578	0	465,950	0	0	90.10
90.11	09011	SURGERY CLINIC	4,093,102	0	489,797	0	0	90.11
90.12	09012	UROLOGY CLINIC	1,770,797	0	169,267	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	3,360,550	0	336,742	0	0	90.13
90.14	09014	CANCER CLINIC	7,345,739	0	578,108	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	3,480,090	0	450,069	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	1,262,413	0	305	0	214,310	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	239,655	0	9,733	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	1,190,459	0	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	358,897	0	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	1,837,445	0	0	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	1,591,838	0	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	760,431	0	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	2,563	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	444,514	0	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	1,431,622	0	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	709,522	0	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	374,630	0	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	440,534	0	0	0	0	90.40
91.00	09100	EMERGENCY	8,086,555	0	485,442	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	557,244	0	29,490	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,276,763	0	122,940	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,494,751	0	26,410	0	0	105.00
106.00	10600	HEART ACQUISITION	1,230,913	0	4,820	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,815,165	0	9,972	0	0	107.00
108.00	10800	LUNG ACQUISITION	941,199	0	4,289	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	328,143	0	2,749	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,024,639,616	0	26,277,089	0	244,496	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,397,103	0	37,284	0	0	190.00
190.01	19001	VENDING/PATIENT ART	3,119,017	0	163,066	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	4,502	0	7,887	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	1	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
190.05	19005	CLINICAL RESEARCH UNIT	69,063	0	374,770	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	687,377	0	48,796	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	2,268,544	0	19,479	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	13,836	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	598,955	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	1,711,505	0	291,663	51,178	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	624,090	0	0	191.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,033,896,728	0	28,456,915	51,178	244,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD	285,771					1.04
1.05	00105	CAP REL COSTS-IRL	0	3,215,597				1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			38,398,190			2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL			0	3,472,777		2.05
5.00	00500	ADMINISTRATIVE & GENERAL	106,700	60,239	13,367,054	0	143,226,918	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	171,216	0	44,925,403	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	1,941	0	579,179	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	423	453,738	0	0	3,771,187	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	59,904	364	0	2,116,224	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	0	0	59,465	0	19,816,022	9.01
9.04	00902	HOUSEKEEPING-CDD	0	0	0	0	209,248	9.04
9.05	00905	HOUSEKEEPING-IRL	0	49,937	0	0	536,159	9.05
10.00	01000	DIETARY	0	36,339	150,982	0	11,162,741	10.00
11.00	01100	CAFETERIA	0	0	0	0	561,584	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,102,221	0	13,467,735	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	601	0	2,131,918	14.00
15.00	01500	PHARMACY	0	490,284	618,172	1,716	136,994,596	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	8,425	0	3,414	0	3,629,657	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	6,998	0	4,790,651	16.02
17.00	01700	SOCIAL SERVICE	6,140	7,752	20,335	0	15,928,691	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	48,132,358	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	505	0	14,258,051	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	92,709	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	1,171,158	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	1,266	0	1,078,814	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,653	0	1,254,812	0	69,007,086	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	207,890	0	8,114,104	31.01
32.00	03200	CORONARY CARE UNIT	0	0	198,045	0	4,432,856	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	126,884	0	4,699,531	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	227,189	0	12,013,694	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	335,671	0	18,710,111	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	171,944	0	7,862,004	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	17,528	0	10,961,605	40.00
43.00	04300	NURSERY	0	0	207	0	1,554,608	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	3,869,251	0	62,878,802	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	118,732	0	3,905,234	52.00
53.00	05300	ANESTHESIOLOGY	0	0	899,876	0	6,608,468	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	375,110	3,510,964	710,313	18,431,205	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	499,950	0	7,787,327	55.00
55.01	03630	ULTRA SOUND	0	0	636,021	0	3,387,300	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	735,256	0	3,026,860	55.02
57.00	05700	CT SCAN	0	0	733,255	0	4,187,837	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,126,835	0	3,890,027	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,598,173	0	5,205,796	59.00
60.00	06000	LABORATORY	5,332	184,375	940,390	235,839	40,100,334	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	250,255	0	4,387,292	60.01
60.02	03140	CARDIOLOGY	0	9,194	1,105,396	0	9,000,943	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	50,620	0	6,421,842	63.00
63.01	03540	ORTHOTIC SERVICES	10,640	0	0	0	2,841,619	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	43,253	0	3,449,828	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	449,852	0	6,543,761	65.00
66.00	06600	PHYSICAL THERAPY	5,209	0	19,163	0	5,250,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,603	0	2,567	0	2,052,303	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	37,509	0	638,012	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,967	0	171,965	0	2,932,569	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	21,428,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	50,644,970	72.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A.05	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	721	73.00
74.00	07400	RENAL DIALYSIS	0	0	172,491	0	6,515,676	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	733,964	0	12,601,589	75.00
76.00	03950	IVF/CULTURE LAB	0	0	30,594	0	2,265,082	76.00
76.02	03951	URODYNAMICS	0	0	71,564	0	554,355	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	30,281	0	940,398	76.03
76.04	03520	OPHTHALMOLOGY	0	25,522	0	0	1,578,286	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0	260,753	0	5,227,666	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	843,065	76.06
76.07	03956	CDC - REHAB	0	0	220	0	388,369	76.07
76.08	03957	DIABETES EDUCATION	0	23,179	0	0	553,189	76.08
76.97	07697	CARDIAC REHABILITATION	0	103,249	22,363	0	1,431,287	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4,855	0	269,091	76.98
76.99	07699	LITHOTRIPSY	0	0	156,574	0	844,441	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	13,160	0	1,014,353	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	50,978	0	1,864,759	90.02
90.03	09003	ORAL SURGERY CLINIC	6,499	0	123,479	0	1,507,393	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	83,422	0	8,677,021	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	6,785	0	1,705,742	90.05
90.06	09006	OB-GYN CLINIC	0	0	93,590	0	4,700,191	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	143,148	0	6,586,173	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	51,318	0	5,466,562	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	14,825	0	265,385	0	5,947,999	90.09
90.10	09010	PEDIATRIC CLINIC	41,946	0	157,831	0	9,411,305	90.10
90.11	09011	SURGERY CLINIC	0	0	23,354	0	4,606,253	90.11
90.12	09012	UROLOGY CLINIC	0	0	51,813	0	1,991,877	90.12
90.13	09013	PSYCHIATRIC CLINIC	18,400	0	12,608	0	3,728,300	90.13
90.14	09014	CANCER CLINIC	0	0	426,632	0	8,350,479	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	12,003	0	3,942,162	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	36,746	0	1,513,774	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	607	0	249,995	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	153,135	0	434,844	1,778,438	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	83,933	0	125,843	568,673	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	234,364	0	364,694	2,436,503	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	199,286	0	524,030	2,315,154	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	156,612	0	179,433	1,096,476	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	1,256	3,819	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	84,989	0	149,943	679,446	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	215,280	0	283,871	1,930,773	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	65,416	0	268,208	1,043,146	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	75,769	0	117,110	567,509	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	67,991	0	75,677	584,202	90.40
91.00	09100	EMERGENCY	0	0	303,889	0	8,875,886	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	31,663	0	618,397	94.00
95.00	09500	AMBULANCE SERVICES	0	0	86,370	0	5,486,073	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	67,732	0	3,588,893	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,235,733	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	1,825,137	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	945,488	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	330,892	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	261,762	3,215,597	38,370,159	3,472,777	1,022,356,572	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,434,387	190.00
190.01	19001	VENDING/PATIENT ART	13,905	0	961	0	3,296,949	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	27,070	0	39,459	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	1	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	443,833	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	736,173	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	2,288,023	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	13,836	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL		
			1.04	1.05	2.00	2.05	2A.05	
190.11	19011	CLINICAL FACULTY DEPARTMENT	389	0	0	0	599,344	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	2,054,346	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	9,715	0	0	0	633,805	191.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	285,771	3,215,597	38,398,190	3,472,777	1,033,896,728	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	143,226,918					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	7,224,364	0	52,149,767			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	37,017	0	0	267,213		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	93,137	0	0	0	672,316	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	606,437	0	0	0	1,590	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	340,306	0	198,712	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	3,186,575	0	535,284	0	0	9.01
9.04	00902	HOUSEKEEPING-CDD	33,649	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	86,219	0	0	0	0	9.05
10.00	01000	DIETARY	1,795,058	0	468,334	0	0	10.00
11.00	01100	CAFETERIA	90,307	0	1,194,442	0	0	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,165,720	0	1,534,712	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	342,829	0	315,160	0	0	14.00
15.00	01500	PHARMACY	22,029,916	0	1,002,780	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	583,678	0	353,100	0	31,629	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	770,375	0	247,603	0	0	16.02
17.00	01700	SOCIAL SERVICE	2,561,461	0	331,081	0	23,052	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,740,068	0	3,350,805	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,292,809	0	274,100	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	14,908	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	188,332	0	11,327	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	173,482	0	72,238	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,096,891	0	5,656,842	0	13,717	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	1,304,813	0	515,462	0	0	31.01
32.00	03200	CORONARY CARE UNIT	712,839	0	610,787	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	755,722	0	389,392	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,931,898	0	272,482	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,008,736	0	770,231	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,264,273	0	458,076	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	1,762,714	0	824,149	0	0	40.00
43.00	04300	NURSERY	249,993	0	26,324	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,111,414	0	2,257,988	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	627,993	0	355,787	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,062,695	0	515,751	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,963,885	0	1,926,791	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,252,264	0	791,382	0	0	55.00
55.01	03630	ULTRA SOUND	544,705	0	78,913	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	486,743	0	280,833	0	0	55.02
57.00	05700	CT SCAN	673,438	0	152,538	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	625,547	0	322,586	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	837,134	0	205,763	0	0	59.00
60.00	06000	LABORATORY	6,448,455	0	1,749,605	0	20,020	60.00
60.01	06001	ANATOMICAL LABORATORY	705,512	0	563,168	0	0	60.01
60.02	03140	CARDIOLOGY	1,447,424	0	497,604	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,032,684	0	319,610	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	456,955	0	54,265	0	39,948	63.01
63.02	06301	BONE MARROW TRANSPLANT	554,760	0	235,467	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	1,052,289	0	95,528	0	0	65.00
66.00	06600	PHYSICAL THERAPY	844,342	0	242,489	0	19,558	66.00
67.00	06700	OCCUPATIONAL THERAPY	330,027	0	69,320	0	21,037	67.00
69.00	06900	ELECTROCARDIOLOGY	102,597	0	27,595	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	471,581	0	57,617	0	105,000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,445,895	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,144,116	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
74.00	07400	RENAL DIALYSIS	1,047,773	0	250,464	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,026,436	0	1,853,021	0	0	75.00
76.00	03950	IVF/CULTURE LAB	364,243	0	320,477	0	0	76.00
76.02	03951	URODYNAMICS	89,145	0	13,350	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	151,224	0	82,554	0	0	76.03
76.04	03520	OPHTHALMOLOGY	253,801	0	146,759	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	840,651	0	347,378	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	135,572	0	152,104	0	0	76.06
76.07	03956	CDC - REHAB	62,453	0	48,313	0	0	76.07
76.08	03957	DIABETES EDUCATION	88,957	0	46,724	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	230,162	0	119,886	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	43,272	0	50,393	0	0	76.98
76.99	07699	LITHOTRIPSY	135,793	0	15,632	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	163,116	0	168,979	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	299,868	0	377,458	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	242,401	0	344,575	0	24,401	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,395,334	0	1,633,331	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	274,297	0	539,734	0	0	90.05
90.06	09006	OB-GYN CLINIC	755,828	0	909,101	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,059,109	0	1,039,505	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	879,067	0	906,414	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	956,486	0	892,400	0	55,661	90.09
90.10	09010	PEDIATRIC CLINIC	1,513,413	0	1,013,991	0	157,484	90.10
90.11	09011	SURGERY CLINIC	740,722	0	1,065,887	0	0	90.11
90.12	09012	UROLOGY CLINIC	320,310	0	368,356	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	599,540	0	732,812	0	69,082	90.13
90.14	09014	CANCER CLINIC	1,342,824	0	1,258,069	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	633,931	0	979,432	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	243,427	0	665	0	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	40,201	0	21,180	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	285,987	0	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	91,447	0	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	391,809	0	0	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	372,295	0	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	176,322	0	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	614	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	109,260	0	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	310,484	0	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	167,746	0	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	91,260	0	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	93,944	0	0	0	0	90.40
91.00	09100	EMERGENCY	1,427,313	0	1,056,409	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	99,443	0	64,176	0	0	94.00
95.00	09500	AMBULANCE SERVICES	882,204	0	267,541	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	577,123	0	57,473	0	0	105.00
106.00	10600	HEART ACQUISITION	198,716	0	10,489	0	0	106.00
107.00	10700	LIVER ACQUISITION	293,497	0	21,700	0	0	107.00
108.00	10800	LUNG ACQUISITION	152,042	0	9,333	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	53,210	0	5,981	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	141,371,169	0	47,406,069	0	582,179	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	230,661	0	81,138	0	0	190.00
190.01	19001	VENDING/PATIENT ART	530,176	0	354,862	0	52,204	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	6,345	0	17,164	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	71,372	0	815,567	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	118,383	0	106,190	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	367,932	0	42,389	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	2,225	0	30,109	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	96,379	0	1,303,434	0	1,460	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
190.13	19013	OTHER NON-ALLOWABLE	330,355	0	634,712	267,213	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	101,921	0	1,358,133	0	36,473	191.00
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)	143,226,918	0	52,149,767	267,213	672,316	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSPITAL	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	4,379,214					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	97,102	2,752,344				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	0	781	0	23,538,662		9.01
9.04	00902	HOUSEKEEPING-CDD	0	0	0	0	242,897	9.04
9.05	00905	HOUSEKEEPING-IRL	80,947	0	0	0	0	9.05
10.00	01000	DIETARY	58,904	4,745	0	217,396	0	10.00
11.00	01100	CAFETERIA	0	3,379	0	554,449	0	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	712,400	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	136	0	146,295	0	14.00
15.00	01500	PHARMACY	794,728	3,661	0	465,482	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	0	163,906	11,454	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	0	114,935	0	16.02
17.00	01700	SOCIAL SERVICE	12,566	0	0	153,685	8,348	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,227,321	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	23,529	0	127,235	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	5,258	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	33,532	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	891,430	0	2,625,858	4,967	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	73,391	0	239,273	0	31.01
32.00	03200	CORONARY CARE UNIT	0	44,901	0	283,522	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	82,085	0	180,752	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	116,368	0	126,484	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	32,765	0	357,535	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	24,991	0	212,635	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	59,717	0	382,563	0	40.00
43.00	04300	NURSERY	0	15,143	0	12,219	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	512,835	0	1,048,138	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	50,412	0	165,153	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	239,407	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	608,039	79,916	0	894,400	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	28,375	0	367,353	0	55.00
55.01	03630	ULTRA SOUND	0	22,431	0	36,631	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	12,142	0	130,360	0	55.02
57.00	05700	CT SCAN	0	38,648	0	70,807	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	29,810	0	149,742	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	41,035	0	95,513	0	59.00
60.00	06000	LABORATORY	298,864	9,735	0	812,152	7,250	60.00
60.01	06001	ANATOMICAL LABORATORY	0	3,459	0	261,418	0	60.01
60.02	03140	CARDIOLOGY	14,904	15,217	0	230,984	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,241	0	148,360	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	296	0	25,189	14,467	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	109,302	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	1,006	0	44,343	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,668	0	112,561	7,083	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	32,178	7,618	67.00
69.00	06900	ELECTROCARDIOLOGY	0	1,245	0	12,809	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,847	0	26,745	38,025	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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSPITAL	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
74.00	07400	RENAL DIALYSIS	0	20,877	0	116,263	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	116,336	0	860,156	0	75.00
76.00	03950	IVF/CULTURE LAB	0	6,618	0	148,763	0	76.00
76.02	03951	URODYNAMICS	0	2,233	0	6,197	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	38,321	0	76.03
76.04	03520	OPHTHALMOLOGY	41,371	503	0	68,124	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	52,218	0	161,250	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	70,606	0	76.06
76.07	03956	CDC - REHAB	0	411	0	22,426	0	76.07
76.08	03957	DIABETES EDUCATION	37,572	74	0	21,689	0	76.08
76.97	07697	CARDIAC REHABILITATION	167,362	2,404	0	55,650	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,677	0	23,392	0	76.98
76.99	07699	LITHOTRIPSY	0	5,805	0	7,256	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	10,351	0	78,439	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	7,704	0	175,213	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	2,992	0	159,949	8,837	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	7,165	0	758,178	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	411	0	250,540	0	90.05
90.06	09006	OB-GYN CLINIC	0	13,029	0	421,997	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	2,736	0	482,529	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	11,989	0	420,750	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	5,178	0	414,244	20,157	90.09
90.10	09010	PEDIATRIC CLINIC	0	13,728	0	470,686	57,032	90.10
90.11	09011	SURGERY CLINIC	0	3,499	0	494,775	0	90.11
90.12	09012	UROLOGY CLINIC	0	14,289	0	170,988	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	91	0	340,165	25,017	90.13
90.14	09014	CANCER CLINIC	0	34,767	0	583,985	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	10,247	0	454,644	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	308	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	9,832	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	248,225	3,733	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	136,052	985	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	379,894	3,097	0	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	323,035	4,405	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	253,861	1,532	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	137,764	1,281	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	348,959	2,394	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	106,036	2,255	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	122,818	1,004	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	110,211	646	0	0	0	90.40
91.00	09100	EMERGENCY	0	122,893	0	490,376	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	596	0	29,790	0	94.00
95.00	09500	AMBULANCE SERVICES	0	3,039	0	124,190	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	26,678	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	4,869	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	10,073	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	4,332	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	2,776	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,379,214	2,749,532	0	21,336,679	210,255	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	37,663	0	190.00
190.01	19001	VENDING/PATIENT ART	0	723	0	164,724	18,905	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	7,967	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	378,579	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	49,292	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	19,677	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	13,976	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	1,937	0	605,043	529	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSPITAL	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
190.13	19013	OTHER NON-ALLOWABLE	0	152	0	294,628	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	630,434	13,208	191.00
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)	4,379,214	2,752,344	0	23,538,662	242,897	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	CAFETERIA - EMPLOYEES	NURSING ADMINISTRATION	
			9.05	10.00	11.00	11.01	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL	703,325					9.05
10.00	01000	DIETARY	9,861	13,717,039				10.00
11.00	01100	CAFETERIA	0	0	2,404,161			11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	2,404,161	2,404,161		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	36,214	17,916,781	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	12,934	0	14.00
15.00	01500	PHARMACY	133,047	0	0	99,404	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	0	24,019	0	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	0	25,867	0	16.02
17.00	01700	SOCIAL SERVICE	2,104	0	0	65,407	365,680	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	247,215	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	7,021	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	370	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	2,956	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	3,695	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	8,404,022	0	307,818	5,450,884	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	450,875	0	29,193	536,560	31.01
32.00	03200	CORONARY CARE UNIT	0	201,213	0	23,280	359,114	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	334,528	0	18,846	308,623	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	646,319	0	46,191	799,533	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,474,201	0	66,515	1,101,580	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	337,210	0	28,084	476,718	35.01
40.00	04000	SUBPROVIDER - IPF	0	1,748,854	0	55,429	916,954	40.00
43.00	04300	NURSERY	0	80,742	0	739	102,578	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	150,768	1,733,720	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	16,259	223,206	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	38,801	57,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	101,793	0	0	69,102	162,445	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,846	58,140	55.00
55.01	03630	ULTRA SOUND	0	0	0	7,760	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	6,282	15,315	55.02
57.00	05700	CT SCAN	0	0	0	8,499	7,474	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,130	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,716	115,937	59.00
60.00	06000	LABORATORY	50,033	0	0	93,491	286	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	15,151	0	60.01
60.02	03140	CARDIOLOGY	2,495	0	0	26,606	182,649	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,238	65,489	63.00
63.01	03540	ORTHOTIC SERVICES	0	0	0	370	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	4,804	22,743	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,888	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,541	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,760	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,956	637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,825	2,378	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	19,955	163,918	74.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	CAFETERIA - EMPLOYEES	NURSING ADMINISTRATION	
			9.05	10.00	11.00	11.01	13.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	35,475	472,559	75.00
76.00	03950	IVF/CULTURE LAB	0	0	0	7,391	52,301	76.00
76.02	03951	URODYNAMICS	0	0	0	1,478	15,140	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	3,326	24,906	76.03
76.04	03520	OPHTHALMOLOGY	6,926	0	0	6,652	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0	0	14,412	247,973	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	3,326	0	76.06
76.07	03956	CDC - REHAB	0	0	0	1,478	13,023	76.07
76.08	03957	DIABETES EDUCATION	6,290	0	0	1,848	26,118	76.08
76.97	07697	CARDIAC REHABILITATION	28,018	0	0	5,173	13,456	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	739	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	1,478	26,215	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	3,326	39,975	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	10,347	74,997	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	7,021	90,377	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	76,862	359,783	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	11,825	63,186	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	26,976	163,893	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	37,692	84,938	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	33,258	191,109	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	21,433	82,306	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	63,929	398,842	90.10
90.11	09011	SURGERY CLINIC	0	0	0	39,540	133,566	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	13,673	70,348	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	25,498	74,632	90.13
90.14	09014	CANCER CLINIC	0	0	0	32,149	469,516	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	31,780	192,668	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	5,543	58,984	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	1,109	15,487	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	41,556	0	0	3,695	43,944	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	22,777	0	0	1,109	16,167	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	63,599	0	0	6,282	129,511	90.24
90.26	09026	IRL-OB/GYN CLINIC	54,080	0	0	4,434	71,121	90.26
90.27	09027	IRL-OPHTHALMOLOGY	42,499	0	0	2,217	28,643	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	23,063	0	0	1,478	23,612	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	58,420	0	0	4,434	90,666	90.30
90.32	09032	IRL-UROLOGY CLINIC	17,752	0	0	2,217	33,552	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	20,561	0	0	1,478	29,097	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	18,451	0	0	1,478	19,610	90.40
91.00	09100	EMERGENCY	0	0	0	53,212	562,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,109	39,077	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	5,912	76,906	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	3,695	38,033	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,478	9,279	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,217	17,164	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,478	257	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	372	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	703,325	13,677,964	2,404,161	2,306,605	17,916,284	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	11,086	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	39,075	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	3,326	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	78,340	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	4,065	497	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	739	0	190.14

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	CAFETERIA - EMPLOYEES	NURSING ADMINISTRATION	
			9.05	10.00	11.00	11.01	13.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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)	703,325	13,717,039	2,404,161	2,404,161	17,916,781	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS PREPARATION	MEDICAL RECORDS PROCESSING	
			14.00	15.00	16.00	16.01	16.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - EMPLOYEES						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,949,272					14.00
15.00	01500	PHARMACY	0	161,523,614				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0			16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	0	4,797,443		16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	0	0	5,949,431	16.02
17.00	01700	SOCIAL SERVICE	0	28,587	0	0	0	17.00
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 ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,564,376	3,249,535	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	87,547	181,867	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	40,608	84,333	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	69,584	57,154	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	124,396	258,435	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	283,214	104,368	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	64,849	53,737	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	342,194	710,850	40.00
43.00	04300	NURSERY	0	0	0	9,390	97,534	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	193,533	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	348,474	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,182,885	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	32,995	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	15,343	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	909,770	0	0	0	55.02
57.00	05700	CT SCAN	0	428,801	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	610,579	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	115,361	0	0	0	59.00
60.00	06000	LABORATORY	0	7,984	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	705,779	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	39,944	0	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	108,166	0	0	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	0	0	63.02
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	51,639	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	878,661	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,962,445	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	132,870,964	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS PREPARATION	MEDICAL RECORDS PROCESSING	
			14.00	15.00	16.00	16.01	16.02	
74.00	07400	RENAL DIALYSIS	0	1,386,616	0	17,818	10,250	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	200,917	0	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03951	URODYNAMICS	0	0	0	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	104,270	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03956	CDC - REHAB	0	0	0	0	0	76.07
76.08	03957	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	22,033	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	15,378	8,697	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	57,674	32,304	90.02
90.03	09003	ORAL SURGERY CLINIC	0	21,078	0	42,679	23,918	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	65,336	0	189,284	106,232	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	35,544	19,880	90.05
90.06	09006	OB-GYN CLINIC	0	438,972	0	130,647	73,306	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	168,644	94,739	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	31,719	0	138,640	77,810	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	53,203	29,819	90.09
90.10	09010	PEDIATRIC CLINIC	0	14,211	0	164,885	92,564	90.10
90.11	09011	SURGERY CLINIC	0	42,160	0	69,531	38,983	90.11
90.12	09012	UROLOGY CLINIC	0	142,432	0	36,744	20,656	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	87,072	48,922	90.13
90.14	09014	CANCER CLINIC	0	934,003	0	141,093	79,208	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	136,424	76,567	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	243,363	0	52,926	29,664	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	7,860	4,349	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	4,054	0	55,630	31,217	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	0	14,666	8,231	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	0	45,488	25,471	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	0	64,915	36,498	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	0	22,816	12,735	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	171	155	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	10,513	0	18,979	10,716	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	0	35,478	19,880	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	0	33,077	18,637	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	0	14,956	8,387	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	0	9,575	5,436	90.40
91.00	09100	EMERGENCY	0	0	0	148,821	83,556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	514	311	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	113,067	12,735	105.00
106.00	10600	HEART ACQUISITION	0	0	0	14,257	1,553	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	45,198	5,125	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	25,138	2,796	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	2,493	311	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,949,272	144,204,315	0	4,797,443	5,949,431	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	17,319,299	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS PREPARATION	MEDICAL RECORDS PROCESSING	
			14.00	15.00	16.00	16.01	16.02	
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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)	2,949,272	161,523,614	0	4,797,443	5,949,431	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	
			17.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - EMPLOYEES						11.01
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 PREPARATION						16.01
16.02	01602	MEDICAL RECORDS PROCESSING						16.02
17.00	01700	SOCIAL SERVICE	19,480,662					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	60,697,767				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	16,982,745			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	107,987	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,107,722	6,148,618	1,720,334	0	23,654	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	250,740	760,220	212,703	0	5,485	31.01
32.00	03200	CORONARY CARE UNIT	609,458	343,050	95,983	0	8,570	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	431,486	364,914	102,100	0	5,485	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	145,322	1,097,791	307,153	0	8,228	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	835,657	2,233,263	624,849	0	5,142	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	88,773	619,837	173,425	0	3,428	35.01
40.00	04000	SUBPROVIDER - IPF	1,803,405	862,846	241,417	0	0	40.00
43.00	04300	NURSERY	288,511	101,075	28,280	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,210	8,467,216	2,369,062	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,523	456,168	127,632	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,332,789	372,903	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,921	2,794,718	781,940	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,877,575	525,330	0	5,142	55.00
55.01	03630	ULTRA SOUND	0	551,351	154,263	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	523,336	146,425	0	0	55.02
57.00	05700	CT SCAN	0	2,699,846	755,395	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,302,653	644,264	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,534,835	429,434	0	0	59.00
60.00	06000	LABORATORY	213	7,764,499	2,172,444	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	697,704	195,212	0	0	60.01
60.02	03140	CARDIOLOGY	27,315	1,519,122	425,038	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	740,139	207,085	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	211,790	59,257	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	221,895	62,084	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	1,096,938	306,914	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	438,982	122,824	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	184,550	51,636	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	162,893	45,576	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	443,996	124,226	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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	
			17.00	21.00	22.00	23.00	23.01	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	712,101	976,558	273,233	0	3,085	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,703,621	476,659	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0	99,033	27,709	0	0	76.00
76.02	03951	URODYNAMICS	0	73,836	20,659	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	14,240	3,984	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	221,739	62,041	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	5,975	911,690	255,084	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	14,447	4,042	0	0	76.06
76.07	03956	CDC - REHAB	402,891	34,372	9,617	0	0	76.07
76.08	03957	DIABETES EDUCATION	0	7,831	2,191	0	4,799	76.08
76.97	07697	CARDIAC REHABILITATION	213	106,657	29,842	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	39,386	11,020	0	0	76.98
76.99	07699	LITHOTRIPSY	0	208,559	58,353	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	172,662	48,309	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	5,548	221,016	61,838	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	7,255	90,014	25,185	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,592,144	334,418	93,568	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	45,026	70,709	19,784	0	0	90.05
90.06	09006	OB-GYN CLINIC	97,095	227,451	63,639	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	14,297	365,870	102,367	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	69,567	251,744	70,436	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	12,590	318,163	89,019	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	632,077	321,264	89,887	0	5,142	90.10
90.11	09011	SURGERY CLINIC	434,046	127,849	35,771	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	174,213	48,743	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	1,116,272	221,765	62,048	0	0	90.13
90.14	09014	CANCER CLINIC	140,201	685,712	191,857	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	219,336	61,368	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	142,477	39,864	0	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	10,829	3,030	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	2,988	127,978	35,807	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	33,752	9,444	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	11,737	104,641	29,278	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	2,774	149,351	41,787	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	2,347	52,489	14,686	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	414	116	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	427	43,676	12,220	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	13,017	81,615	22,835	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	2,988	76,084	21,288	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	34,398	9,624	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	1,707	22,045	6,168	0	0	90.40
91.00	09100	EMERGENCY	18,352	2,397,965	670,931	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	191,270	53,516	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	460,019	128,710	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	160,900	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	113,953	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	90,906	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	47,801	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	213	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,394,664	60,697,767	16,982,745	0	78,160	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	
			17.00	21.00	22.00	23.00	23.01	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	29,827	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	85,998	0	0	0	0	191.00
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)	19,480,662	60,697,767	16,982,745	0	107,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.02	23.04	23.05	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - EMPLOYEES						11.01
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 PREPARATION						16.01
16.02	01602	MEDICAL RECORDS PROCESSING						16.02
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	1,379,031					23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	1,361,761				23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0			23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	373,149	0	0	125,646,903	-7,868,952	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	113,567	0	0	12,875,800	-972,923	31.01
32.00	03200	CORONARY CARE UNIT	40,560	0	0	7,891,074	-439,033	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	56,784	0	0	7,856,986	-467,014	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,224	0	0	17,910,518	-1,404,944	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	24,336	0	0	29,632,503	-2,858,112	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	166,295	0	0	11,834,335	-793,262	35.01
40.00	04000	SUBPROVIDER - IPF	125,735	0	0	20,798,432	-1,104,263	40.00
43.00	04300	NURSERY	0	0	0	2,567,136	-129,355	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	89,758,686	-10,836,278	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,939,367	-583,800	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,576,734	-1,705,692	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,361,761	0	34,360,801	-3,576,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,744,729	-2,402,905	55.00
55.01	03630	ULTRA SOUND	0	0	0	4,798,697	-705,614	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	5,538,066	-669,761	55.02
57.00	05700	CT SCAN	0	0	0	9,023,283	-3,455,241	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,583,338	-2,946,917	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	8,591,524	-1,964,269	59.00
60.00	06000	LABORATORY	0	0	0	59,535,365	-9,936,943	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	6,828,916	-892,916	60.01
60.02	03140	CARDIOLOGY	105,455	0	0	14,201,535	-1,944,160	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,996,632	-947,224	63.00
63.01	03540	ORTHOTIC SERVICES	0	0	0	3,812,322	-271,047	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	4,660,883	-283,979	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,173,667	-1,403,852	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,075,670	-561,806	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,756,429	-236,186	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	994,320	-208,469	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,268,448	-568,222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	25,753,188	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.02	23.04	23.05	24.00	25.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	60,751,531	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	132,871,801	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	11,514,587	-2,112,255	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	20,346,769	-2,180,280	75.00
76.00	03950	IVF/CULTURE LAB	0	0	0	3,291,617	-126,742	76.00
76.02	03951	URODYNAMICS	0	0	0	776,393	-94,495	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	1,258,953	-18,224	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	2,386,202	-283,780	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0	0	8,168,567	-1,166,774	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	1,223,162	-18,489	76.06
76.07	03956	CDC - REHAB	0	0	0	983,353	-43,989	76.07
76.08	03957	DIABETES EDUCATION	0	0	0	797,282	-10,022	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,190,110	-136,499	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	439,970	-50,406	76.98
76.99	07699	LITHOTRIPSY	0	0	0	1,325,565	-266,912	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	20,280	0	0	1,743,865	-220,971	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	3,188,726	-282,854	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	2,598,075	-115,199	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	202,799	0	0	15,491,455	-427,986	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	3,036,678	-90,493	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	8,022,125	-291,090	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	10,038,599	-468,237	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	8,549,065	-322,180	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	8,898,658	-407,182	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	14,420,440	-411,151	90.10
90.11	09011	SURGERY CLINIC	0	0	0	7,832,582	-163,620	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	3,372,629	-222,956	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	7,131,216	-283,813	90.13
90.14	09014	CANCER CLINIC	0	0	0	14,243,863	-877,569	90.14
90.15	09015	FAMILY CARE CLINIC	32,448	0	0	6,771,007	-280,704	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	2,330,995	-182,341	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	363,872	-13,859	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0	0	2,663,252	-163,785	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	0	903,303	-43,196	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	16,224	0	0	3,643,534	-133,919	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	0	3,439,849	-191,138	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	0	1,706,623	-67,175	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	5,289	-530	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	1,072,435	-55,896	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	0	2,918,955	-104,450	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	0	1,524,778	-97,372	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	0	901,092	-44,022	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	0	873,473	-28,213	90.40
91.00	09100	EMERGENCY	85,175	0	0	15,993,857	-3,068,896	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	1,098,199	-244,786	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	7,434,594	-588,729	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	4,578,597	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,590,327	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,311,017	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,188,665	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	396,248	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,379,031	1,361,761	0	995,590,086	-78,542,976	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,783,849	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	4,429,629	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	70,935	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	17,319,300	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	1,748,426	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	1,013,364	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	2,718,021	0	190.08

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.02	23.04	23.05	24.00	25.00	
190.09	19009	CONTACT LENS CLINIC	0	0	0	60,146	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	2,686,466	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	3,615,795	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	739	0	190.14
191.00	19100	RESEARCH	0	0	0	2,859,972	0	191.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,379,031	1,361,761	0	1,033,896,728	-78,542,976	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP			1.01
1.02	00102	CAP REL COSTS-WESTLAWN			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG			1.03
1.04	00104	CAP REL COSTS-CDD			1.04
1.05	00105	CAP REL COSTS-IRL			1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL			2.05
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN			6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD			6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL			6.05
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL			9.01
9.04	00902	HOUSEKEEPING-CDD			9.04
9.05	00905	HOUSEKEEPING-IRL			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
11.01	01101	CAFETERIA - EMPLOYEES			11.01
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 PREPARATION			16.01
16.02	01602	MEDICAL RECORDS PROCESSING			16.02
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH			23.04
23.05	02305	PARAMED ED PRGM-PASTORAL			23.05
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	117,777,951		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	11,902,877		31.01
32.00	03200	CORONARY CARE UNIT	7,452,041		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,389,972		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,505,574		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	26,774,391		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,041,073		35.01
40.00	04000	SUBPROVIDER - IPF	19,694,169		40.00
43.00	04300	NURSERY	2,437,781		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	78,922,408		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,355,567		52.00
53.00	05300	ANESTHESIOLOGY	8,871,042		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,784,143		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,341,824		55.00
55.01	03630	ULTRA SOUND	4,093,083		55.01
55.02	05501	RADIOLOGY - PET SCAN	4,868,305		55.02
57.00	05700	CT SCAN	5,568,042		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,636,421		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,627,255		59.00
60.00	06000	LABORATORY	49,598,422		60.00
60.01	06001	ANATOMICAL LABORATORY	5,936,000		60.01
60.02	03140	CARDIOLOGY	12,257,375		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,049,408		63.00
63.01	03540	ORTHOTIC SERVICES	3,541,275		63.01
63.02	06301	BONE MARROW TRANSPLANT	4,376,904		63.02
65.00	06500	RESPIRATORY THERAPY	7,769,815		65.00
66.00	06600	PHYSICAL THERAPY	6,513,864		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,520,243		67.00
69.00	06900	ELECTROCARDIOLOGY	785,851		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,700,226		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,753,188		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,751,531		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	132,871,801		73.00
74.00	07400	RENAL DIALYSIS	9,402,332		74.00
75.00	07500	ASC (NON-DISTINCT PART)	18,166,489		75.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Total		
			26.00		
76.00	03950	IVF/CULTURE LAB	3,164,875		76.00
76.02	03951	URODYNAMICS	681,898		76.02
76.03	03952	SPINE TREATMENT CENTER	1,240,729		76.03
76.04	03520	OPHTHALMOLOGY	2,102,422		76.04
76.05	03954	DIGESTIVE DISEASE CNTR	7,001,793		76.05
76.06	03580	RECREATIONAL THERAPY	1,204,673		76.06
76.07	03956	CDC - REHAB	939,364		76.07
76.08	03957	DIABETES EDUCATION	787,260		76.08
76.97	07697	CARDIAC REHABILITATION	2,053,611		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	389,564		76.98
76.99	07699	LITHOTRIPSY	1,058,653		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,522,894		90.01
90.02	09002	DERMATOLOGY CLINIC	2,905,872		90.02
90.03	09003	ORAL SURGERY CLINIC	2,482,876		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	15,063,469		90.04
90.05	09005	NEUROLOGY CLINIC	2,946,185		90.05
90.06	09006	OB-GYN CLINIC	7,731,035		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,570,362		90.07
90.08	09008	ORTHOPAEDICS CLINIC	8,226,885		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	8,491,476		90.09
90.10	09010	PEDIATRIC CLINIC	14,009,289		90.10
90.11	09011	SURGERY CLINIC	7,668,962		90.11
90.12	09012	UROLOGY CLINIC	3,149,673		90.12
90.13	09013	PSYCHIATRIC CLINIC	6,847,403		90.13
90.14	09014	CANCER CLINIC	13,366,294		90.14
90.15	09015	FAMILY CARE CLINIC	6,490,303		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,148,654		90.16
90.17	09017	FAMILY PRACTICE	0		90.17
90.18	09018	IOWA RIVER LANDING	0		90.18
90.19	09019	BURN CLINIC	350,013		90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	2,499,467		90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	860,107		90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	3,509,615		90.24
90.26	09026	IRL-OB/GYN CLINIC	3,248,711		90.26
90.27	09027	IRL-OPHTHALMOLOGY	1,639,448		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	4,759		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	1,016,539		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	2,814,505		90.30
90.32	09032	IRL-UROLOGY CLINIC	1,427,406		90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	857,070		90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	845,260		90.40
91.00	09100	EMERGENCY	12,924,961		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	853,413		94.00
95.00	09500	AMBULANCE SERVICES	6,845,865		95.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	4,578,597		105.00
106.00	10600	HEART ACQUISITION	1,590,327		106.00
107.00	10700	LIVER ACQUISITION	2,311,017		107.00
108.00	10800	LUNG ACQUISITION	1,188,665		108.00
109.00	10900	PANCREAS ACQUISITION	396,248		109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	917,047,110		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,783,849		190.00
190.01	19001	VENDING/PATIENT ART	4,429,629		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	70,935		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	17,319,300		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	1,748,426		190.05
190.06	19006	PATIENT EDUCATION SERVICE	1,013,364		190.06
190.07	19007	NON-ALLOWABLE	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	2,718,021		190.08
190.09	19009	CONTACT LENS CLINIC	60,146		190.09
190.10	19015	IRL PHYSICIANS	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	2,686,466		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	3,615,795		190.13
190.14	19014	EPIC REMOTE HOSTING	739		190.14
191.00	19100	RESEARCH	2,859,972		191.00
200.00		Cross Foot Adjustments	0		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160058

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

Worksheet B
Part I
Date/Time Prepared:
11/18/2014 9:28 am

	Cost Center Description	Total		
		26.00		
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118-201)	955,353,752		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			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	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	481,825	0	3,998,577	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	3,522,298	0	494,457	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	1,997	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	0	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	91,312	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	2,025	0	245,974	0	0	9.01
9.04	00902	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	101,858	0	215,209	0	0	10.00
11.00	01100	CAFETERIA	0	0	548,870	0	0	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	14,112	0	705,231	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	144,823	0	0	14.00
15.00	01500	PHARMACY	0	0	460,798	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	162,256	0	0	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	215,742	0	113,779	0	0	16.02
17.00	01700	SOCIAL SERVICE	0	0	152,139	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,539,763	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,284	0	125,955	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	5,205	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	33,195	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	286,756	0	2,599,436	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	17,952	0	236,865	0	0	31.01
32.00	03200	CORONARY CARE UNIT	38,166	0	280,669	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	45,550	0	178,934	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	55,271	0	125,211	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,198	0	353,937	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,215	0	210,495	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	3,595	0	378,713	0	0	40.00
43.00	04300	NURSERY	0	0	12,096	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	180	0	1,037,592	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	163,491	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	236,998	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	885,400	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,349	0	363,656	0	0	55.00
55.01	03630	ULTRA SOUND	0	0	36,262	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	44	0	129,048	0	0	55.02
57.00	05700	CT SCAN	0	0	70,094	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	148,235	0	30,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,000	0	94,552	0	0	59.00
60.00	06000	LABORATORY	16,095	0	803,979	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	222	0	258,787	0	0	60.01
60.02	03140	CARDIOLOGY	1,576	0	228,659	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	738	0	146,867	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	0	24,936	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	108,202	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	30,274	0	43,897	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	111,428	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	31,854	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	155	0	12,680	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,397	0	26,476	0	0	70.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
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	367,599	0	115,093	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	851,501	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0	0	147,266	0	0	76.00
76.02	03951	URODYNAMICS	0	0	6,134	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	37,935	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	67,439	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	2,970	0	159,627	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	69,895	0	0	76.06
76.07	03956	CDC - REHAB	0	0	22,201	0	0	76.07
76.08	03957	DIABETES EDUCATION	0	0	21,470	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	604	0	55,090	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	23,157	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	7,183	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	77,649	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	173,450	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	158,339	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,105	0	750,549	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	3,708	0	248,019	0	0	90.05
90.06	09006	OB-GYN CLINIC	1,106	0	417,751	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	477,674	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	1,772	0	416,516	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	410,076	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	465,950	0	0	90.10
90.11	09011	SURGERY CLINIC	0	0	489,797	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	169,267	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	5,245	0	336,742	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	578,108	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	951	0	450,069	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	305	0	214,310	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	9,733	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.40
91.00	09100	EMERGENCY	11,339	0	485,442	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	19,752	0	29,490	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,021	0	122,940	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,857	0	26,410	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	4,820	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	9,972	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	4,289	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	2,749	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,305,903	0	26,277,089	0	244,496	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	37,284	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	163,066	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	7,887	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	374,770	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	48,796	0	0	190.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	GENERAL HOSP	WESTLAWN	ORTHO SPORTS MED BLDG	
			0	1.00	1.01	1.02	1.03	
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	19,479	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	13,836	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	598,955	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	65,947	0	291,663	51,178	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	624,090	0	0	191.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,371,850	0	28,456,915	51,178	244,496	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS					
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	106,700	60,239	13,367,054	0	18,014,395	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	0	171,216	0	4,187,971	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	1,941	0	3,938	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	423	453,738	0	0	454,161	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	59,904	364	0	151,580	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	0	0	59,465	0	307,464	9.01
9.04	00902	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	49,937	0	0	49,937	9.05
10.00	01000	DIETARY	0	36,339	150,982	0	504,388	10.00
11.00	01100	CAFETERIA	0	0	0	0	548,870	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,102,221	0	1,821,564	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	601	0	145,424	14.00
15.00	01500	PHARMACY	0	490,284	618,172	1,716	1,570,970	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	8,425	0	3,414	0	174,095	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	6,998	0	336,519	16.02
17.00	01700	SOCIAL SERVICE	6,140	7,752	20,335	0	186,366	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,539,763	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	505	0	136,744	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	5,205	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	1,266	0	34,461	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,653	0	1,254,812	0	4,144,657	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	207,890	0	462,707	31.01
32.00	03200	CORONARY CARE UNIT	0	0	198,045	0	516,880	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	126,884	0	351,368	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	227,189	0	407,671	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	335,671	0	690,806	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	171,944	0	389,654	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	17,528	0	399,836	40.00
43.00	04300	NURSERY	0	0	207	0	12,303	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	3,869,251	0	4,907,023	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	118,732	0	282,223	52.00
53.00	05300	ANESTHESIOLOGY	0	0	899,876	0	1,136,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	375,110	3,510,964	710,313	5,481,787	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	499,950	0	879,955	55.00
55.01	03630	ULTRA SOUND	0	0	636,021	0	672,283	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	735,256	0	864,348	55.02
57.00	05700	CT SCAN	0	0	733,255	0	803,349	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,126,835	0	1,305,256	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,598,173	0	1,704,725	59.00
60.00	06000	LABORATORY	5,332	184,375	940,390	235,839	2,186,010	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	250,255	0	509,264	60.01
60.02	03140	CARDIOLOGY	0	9,194	1,105,396	0	1,344,825	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	50,620	0	198,225	63.00
63.01	03540	ORTHOTIC SERVICES	10,640	0	0	0	35,576	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	43,253	0	151,455	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	449,852	0	524,023	65.00
66.00	06600	PHYSICAL THERAPY	5,209	0	19,163	0	135,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,603	0	2,567	0	40,024	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	37,509	0	50,344	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,967	0	171,965	0	228,805	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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL	Subtotal	
			1.04	1.05	2.00	2.05	2A	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	172,491	0	655,183	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	733,964	0	1,585,465	75.00
76.00	03950	IVF/CULTURE LAB	0	0	30,594	0	177,860	76.00
76.02	03951	URODYNAMICS	0	0	71,564	0	77,698	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	30,281	0	68,216	76.03
76.04	03520	OPHTHALMOLOGY	0	25,522	0	0	92,961	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0	260,753	0	423,350	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	69,895	76.06
76.07	03956	CDC - REHAB	0	0	220	0	22,421	76.07
76.08	03957	DIABETES EDUCATION	0	23,179	0	0	44,649	76.08
76.97	07697	CARDIAC REHABILITATION	0	103,249	22,363	0	181,306	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4,855	0	28,012	76.98
76.99	07699	LITHOTRIPSY	0	0	156,574	0	163,757	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	13,160	0	90,809	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	50,978	0	224,428	90.02
90.03	09003	ORAL SURGERY CLINIC	6,499	0	123,479	0	288,317	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	83,422	0	835,076	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	6,785	0	258,512	90.05
90.06	09006	OB-GYN CLINIC	0	0	93,590	0	512,447	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	143,148	0	620,822	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	51,318	0	469,606	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	14,825	0	265,385	0	690,286	90.09
90.10	09010	PEDIATRIC CLINIC	41,946	0	157,831	0	665,727	90.10
90.11	09011	SURGERY CLINIC	0	0	23,354	0	513,151	90.11
90.12	09012	UROLOGY CLINIC	0	0	51,813	0	221,080	90.12
90.13	09013	PSYCHIATRIC CLINIC	18,400	0	12,608	0	372,995	90.13
90.14	09014	CANCER CLINIC	0	0	426,632	0	1,004,740	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	12,003	0	463,023	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	36,746	0	251,361	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	607	0	10,340	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	153,135	0	434,844	587,979	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	83,933	0	125,843	209,776	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	234,364	0	364,694	599,058	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	199,286	0	524,030	723,316	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	156,612	0	179,433	336,045	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	1,256	1,256	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	84,989	0	149,943	234,932	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	215,280	0	283,871	499,151	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	65,416	0	268,208	333,624	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	75,769	0	117,110	192,879	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	67,991	0	75,677	143,668	90.40
91.00	09100	EMERGENCY	0	0	303,889	0	800,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	31,663	0	80,905	94.00
95.00	09500	AMBULANCE SERVICES	0	0	86,370	0	210,331	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	67,732	0	96,999	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	4,820	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	9,972	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	4,289	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	2,749	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	261,762	3,215,597	38,370,159	3,472,777	77,147,783	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	37,284	190.00
190.01	19001	VENDING/PATIENT ART	13,905	0	961	0	177,932	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	27,070	0	34,957	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	374,770	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	48,796	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	19,479	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	13,836	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS				Subtotal	
			CDD	IRL	MVBLE EQUIP	MVBLE EQUIP-IRL		
			1.04	1.05	2.00	2.05	2A	
190.11	19011	CLINICAL FACULTY DEPARTMENT	389	0	0	0	599,344	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	408,788	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	9,715	0	0	0	633,805	191.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	285,771	3,215,597	38,398,190	3,472,777	79,496,774	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	18,014,395					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	908,661	0	5,096,632			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	4,656	0	0	4,656		6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	11,714	0	0	0	15,652	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	76,276	0	0	0	37	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	42,803	0	19,420	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	400,799	0	52,314	0	0	9.01
9.04	00902	HOUSEKEEPING-CDD	4,232	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	10,844	0	0	0	0	9.05
10.00	01000	DIETARY	225,778	0	45,771	0	0	10.00
11.00	01100	CAFETERIA	11,359	0	116,734	0	0	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	272,398	0	149,988	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43,120	0	30,801	0	0	14.00
15.00	01500	PHARMACY	2,770,561	0	98,002	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	73,413	0	34,509	0	736	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	96,896	0	24,198	0	0	16.02
17.00	01700	SOCIAL SERVICE	322,174	0	32,357	0	537	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	973,525	0	327,476	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	288,383	0	26,788	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	1,875	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	23,688	0	1,107	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	21,820	0	7,060	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,395,737	0	552,840	0	319	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	164,116	0	50,376	0	0	31.01
32.00	03200	CORONARY CARE UNIT	89,659	0	59,693	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	95,053	0	38,056	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	242,989	0	26,630	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	378,431	0	75,275	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	159,017	0	44,768	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	221,709	0	80,545	0	0	40.00
43.00	04300	NURSERY	31,444	0	2,573	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,271,787	0	220,675	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,987	0	34,771	0	0	52.00
53.00	05300	ANESTHESIOLOGY	133,663	0	50,405	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	372,790	0	188,307	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	157,506	0	77,342	0	0	55.00
55.01	03630	ULTRA SOUND	68,512	0	7,712	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	61,221	0	27,446	0	0	55.02
57.00	05700	CT SCAN	84,703	0	14,908	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	78,680	0	31,527	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	105,292	0	20,109	0	0	59.00
60.00	06000	LABORATORY	811,069	0	170,990	0	466	60.00
60.01	06001	ANATOMICAL LABORATORY	88,737	0	55,039	0	0	60.01
60.02	03140	CARDIOLOGY	182,053	0	48,631	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	129,888	0	31,236	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	57,475	0	5,303	0	930	63.01
63.02	06301	BONE MARROW TRANSPLANT	69,776	0	23,012	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	132,354	0	9,336	0	0	65.00
66.00	06600	PHYSICAL THERAPY	106,199	0	23,699	0	455	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,510	0	6,775	0	490	67.00
69.00	06900	ELECTROCARDIOLOGY	12,904	0	2,697	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	59,314	0	5,631	0	2,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	433,416	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,024,345	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
74.00	07400	RENAL DIALYSIS	131,786	0	24,478	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	254,880	0	181,097	0	0	75.00
76.00	03950	IVF/CULTURE LAB	45,814	0	31,320	0	0	76.00
76.02	03951	URODYNAMICS	11,212	0	1,305	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	19,020	0	8,068	0	0	76.03
76.04	03520	OPHTHALMOLOGY	31,922	0	14,343	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	105,735	0	33,950	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	17,052	0	14,865	0	0	76.06
76.07	03956	CDC - REHAB	7,855	0	4,722	0	0	76.07
76.08	03957	DIABETES EDUCATION	11,189	0	4,566	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	28,949	0	11,717	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,443	0	4,925	0	0	76.98
76.99	07699	LITHOTRIPSY	17,080	0	1,528	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	20,516	0	16,514	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	37,717	0	36,889	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	30,489	0	33,676	0	568	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	175,501	0	159,627	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	34,500	0	52,749	0	0	90.05
90.06	09006	OB-GYN CLINIC	95,066	0	88,847	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	133,212	0	101,592	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	110,567	0	88,584	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	120,304	0	87,215	0	1,296	90.09
90.10	09010	PEDIATRIC CLINIC	190,353	0	99,098	0	3,668	90.10
90.11	09011	SURGERY CLINIC	93,166	0	104,170	0	0	90.11
90.12	09012	UROLOGY CLINIC	40,288	0	36,000	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	75,409	0	71,618	0	1,608	90.13
90.14	09014	CANCER CLINIC	168,897	0	122,952	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	79,734	0	95,721	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	30,618	0	65	0	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	5,056	0	2,070	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	35,971	0	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	11,502	0	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	49,281	0	0	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	46,826	0	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	22,177	0	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	77	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	13,742	0	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	39,052	0	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	21,099	0	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	11,478	0	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	11,816	0	0	0	0	90.40
91.00	09100	EMERGENCY	179,524	0	103,244	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	12,508	0	6,272	0	0	94.00
95.00	09500	AMBULANCE SERVICES	110,961	0	26,147	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	72,589	0	5,617	0	0	105.00
106.00	10600	HEART ACQUISITION	24,994	0	1,025	0	0	106.00
107.00	10700	LIVER ACQUISITION	36,915	0	2,121	0	0	107.00
108.00	10800	LUNG ACQUISITION	19,123	0	912	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	6,693	0	585	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,780,984	0	4,633,026	0	13,554	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,012	0	7,930	0	0	190.00
190.01	19001	VENDING/PATIENT ART	66,684	0	34,681	0	1,215	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	798	0	1,677	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	8,977	0	79,706	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	14,890	0	10,378	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	46,278	0	4,143	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	280	0	2,943	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	12,122	0	127,386	0	34	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-GENERAL HOSP	MAINTENANCE & REPAIRS-WESTLAWN	MAINTENANCE & REPAIRS-CDD	
			5.00	6.00	6.01	6.02	6.04	
190.13	19013	OTHER NON-ALLOWABLE	41,551	0	62,031	4,656	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	12,819	0	132,731	0	849	191.00
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)	18,014,395	0	5,096,632	4,656	15,652	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSPITAL	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	530,474					6.05
8.00	00800	LAUNDRY & LINEN SERVICE	11,762	225,565				8.00
9.00	00900	HOUSEKEEPING	0	0	0			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	0	64	0	760,641		9.01
9.04	00902	HOUSEKEEPING-CDD	0	0	0	0	4,232	9.04
9.05	00905	HOUSEKEEPING-IRL	9,805	0	0	0	0	9.05
10.00	01000	DIETARY	7,135	389	0	7,025	0	10.00
11.00	01100	CAFETERIA	0	277	0	17,917	0	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	23,021	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11	0	4,727	0	14.00
15.00	01500	PHARMACY	96,271	300	0	15,042	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	0	5,297	200	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	0	3,714	0	16.02
17.00	01700	SOCIAL SERVICE	1,522	0	0	4,966	145	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	39,660	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,928	0	4,112	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	170	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	1,084	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	73,063	0	84,852	87	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	6,015	0	7,732	0	31.01
32.00	03200	CORONARY CARE UNIT	0	3,680	0	9,162	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	6,727	0	5,841	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,537	0	4,087	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,685	0	11,554	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,048	0	6,871	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	4,894	0	12,362	0	40.00
43.00	04300	NURSERY	0	1,241	0	395	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	42,028	0	33,870	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,131	0	5,337	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,736	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,654	6,549	0	28,902	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,325	0	11,871	0	55.00
55.01	03630	ULTRA SOUND	0	1,838	0	1,184	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	995	0	4,213	0	55.02
57.00	05700	CT SCAN	0	3,167	0	2,288	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,443	0	4,839	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,363	0	3,086	0	59.00
60.00	06000	LABORATORY	36,203	798	0	26,244	126	60.00
60.01	06001	ANATOMICAL LABORATORY	0	283	0	8,448	0	60.01
60.02	03140	CARDIOLOGY	1,805	1,247	0	7,464	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,003	0	4,794	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	24	0	814	252	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	3,532	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	82	0	1,433	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,202	0	3,637	123	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,040	133	67.00
69.00	06900	ELECTROCARDIOLOGY	0	102	0	414	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	233	0	864	663	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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSPITAL	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
74.00	07400	RENAL DIALYSIS	0	1,711	0	3,757	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	9,534	0	27,796	0	75.00
76.00	03950	IVF/CULTURE LAB	0	542	0	4,807	0	76.00
76.02	03951	URODYNAMICS	0	183	0	200	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	1,238	0	76.03
76.04	03520	OPHTHALMOLOGY	5,011	41	0	2,201	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	4,279	0	5,211	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	2,282	0	76.06
76.07	03956	CDC - REHAB	0	34	0	725	0	76.07
76.08	03957	DIABETES EDUCATION	4,551	6	0	701	0	76.08
76.97	07697	CARDIAC REHABILITATION	20,273	197	0	1,798	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	219	0	756	0	76.98
76.99	07699	LITHOTRIPSY	0	476	0	234	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	848	0	2,535	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	631	0	5,662	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	245	0	5,169	154	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	587	0	24,500	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	34	0	8,096	0	90.05
90.06	09006	OB-GYN CLINIC	0	1,068	0	13,637	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	224	0	15,593	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	983	0	13,596	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	424	0	13,386	351	90.09
90.10	09010	PEDIATRIC CLINIC	0	1,125	0	15,210	994	90.10
90.11	09011	SURGERY CLINIC	0	287	0	15,988	0	90.11
90.12	09012	UROLOGY CLINIC	0	1,171	0	5,525	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	7	0	10,992	436	90.13
90.14	09014	CANCER CLINIC	0	2,849	0	18,871	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	840	0	14,692	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	10	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	318	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	30,069	306	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	16,481	81	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	46,018	254	0	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	39,131	361	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	30,751	126	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	16,688	105	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	42,271	196	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	12,845	185	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	14,878	82	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	13,350	53	0	0	0	90.40
91.00	09100	EMERGENCY	0	10,071	0	15,846	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	49	0	963	0	94.00
95.00	09500	AMBULANCE SERVICES	0	249	0	4,013	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	862	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	157	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	326	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	140	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	90	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	530,474	225,335	0	689,484	3,664	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,217	0	190.00
190.01	19001	VENDING/PATIENT ART	0	59	0	5,323	329	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	257	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	12,234	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	1,593	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	636	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	452	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	159	0	19,552	9	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	MAINTENANCE & REPAIRS-IRL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-GENERAL HOSPITAL	HOUSEKEEPING-CDD	
			6.05	8.00	9.00	9.01	9.04	
190.13	19013	OTHER NON-ALLOWABLE	0	12	0	9,521	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	20,372	230	191.00
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)	530,474	225,565	0	760,641	4,232	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	HOUSEKEEPING-IRL	DIETARY	CAFETERIA	CAFETERIA - EMPLOYEES	NURSING ADMINISTRATION	
			9.05	10.00	11.00	11.01	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL	70,586					9.05
10.00	01000	DIETARY	990	791,476				10.00
11.00	01100	CAFETERIA	0	0	695,157			11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	695,157	695,157		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	10,471	2,277,442	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,740	0	14.00
15.00	01500	PHARMACY	13,352	0	0	28,742	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	0	6,945	0	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	0	7,479	0	16.02
17.00	01700	SOCIAL SERVICE	211	0	0	18,912	46,482	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	71,482	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,030	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	107	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	855	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	1,068	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	484,913	0	89,007	692,875	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	26,016	0	8,441	68,203	31.01
32.00	03200	CORONARY CARE UNIT	0	11,610	0	6,731	45,648	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	19,302	0	5,449	39,230	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	37,293	0	13,356	101,630	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	85,062	0	19,233	140,024	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	19,457	0	8,120	60,597	35.01
40.00	04000	SUBPROVIDER - IPF	0	100,909	0	16,027	116,556	40.00
43.00	04300	NURSERY	0	4,659	0	214	13,039	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	43,594	220,377	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,701	28,372	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,219	7,302	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,216	0	0	19,981	20,649	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	5,449	7,390	55.00
55.01	03630	ULTRA SOUND	0	0	0	2,244	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	1,816	1,947	55.02
57.00	05700	CT SCAN	0	0	0	2,458	950	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,351	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,099	14,737	59.00
60.00	06000	LABORATORY	5,021	0	0	27,033	36	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	4,381	0	60.01
60.02	03140	CARDIOLOGY	250	0	0	7,693	23,217	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,671	8,324	63.00
63.01	03540	ORTHOTIC SERVICES	0	0	0	107	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	1,389	2,891	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,510	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,518	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,244	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	855	81	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,419	302	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	5,770	20,836	74.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	HOUSEKEEPING-I RL	DIETARY	CAFETERIA	CAFETERIA - EMPLOYEES	NURSING ADMINISTRATION	
			9.05	10.00	11.00	11.01	13.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	10,257	60,068	75.00
76.00	03950	IVF/CULTURE LAB	0	0	0	2,137	6,648	76.00
76.02	03951	URODYNAMICS	0	0	0	427	1,925	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	962	3,166	76.03
76.04	03520	OPHTHALMOLOGY	695	0	0	1,923	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0	0	4,167	31,520	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	962	0	76.06
76.07	03956	CDC - REHAB	0	0	0	427	1,655	76.07
76.08	03957	DIABETES EDUCATION	631	0	0	534	3,320	76.08
76.97	07697	CARDIAC REHABILITATION	2,812	0	0	1,496	1,710	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	214	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	427	3,332	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	962	5,081	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	2,992	9,533	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	2,030	11,488	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0	22,225	45,733	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	3,419	8,032	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	7,800	20,833	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	10,899	10,797	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	9,616	24,292	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	6,197	10,462	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0	18,485	50,698	90.10
90.11	09011	SURGERY CLINIC	0	0	0	11,433	16,978	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	3,953	8,942	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	7,373	9,487	90.13
90.14	09014	CANCER CLINIC	0	0	0	9,296	59,681	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	9,189	24,490	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	1,603	7,498	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	321	1,969	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	4,171	0	0	1,068	5,586	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	2,286	0	0	321	2,055	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	6,383	0	0	1,816	16,462	90.24
90.26	09026	IRL-OB/GYN CLINIC	5,427	0	0	1,282	9,040	90.26
90.27	09027	IRL-OPHTHALMOLOGY	4,265	0	0	641	3,641	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	2,315	0	0	427	3,001	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	5,863	0	0	1,282	11,525	90.30
90.32	09032	IRL-UROLOGY CLINIC	1,782	0	0	641	4,265	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	2,064	0	0	427	3,699	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	1,852	0	0	427	2,493	90.40
91.00	09100	EMERGENCY	0	0	0	15,386	71,560	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	321	4,967	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	1,710	9,776	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	1,068	4,834	105.00
106.00	10600	HEART ACQUISITION	0	0	0	427	1,180	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	641	2,182	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	427	33	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	47	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,586	789,221	695,157	666,949	2,277,379	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	3,205	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	2,255	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	962	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	22,652	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	1,175	63	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	214	0	190.14

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	HOUSEKEEPING-I RL	DIETARY	CAFETERIA	CAFETERIA - EMPLOYEES	NURSING ADMINISTRATION	
			9.05	10.00	11.00	11.01	13.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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)	70,586	791,476	695,157	695,157	2,277,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS PREPARATION	MEDICAL RECORDS PROCESSING	
			14.00	15.00	16.00	16.01	16.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - EMPLOYEES						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	227,823					14.00
15.00	01500	PHARMACY	0	4,593,240				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0			16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	0	295,195		16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	0	0	468,806	16.02
17.00	01700	SOCIAL SERVICE	0	813	0	0	0	17.00
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 ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	96,258	256,060	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	0	5,387	14,331	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	2,499	6,645	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	4,282	4,504	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	7,654	20,364	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	17,427	8,224	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	3,990	4,234	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	21,056	56,014	40.00
43.00	04300	NURSERY	0	0	0	578	7,686	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	5,504	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,910	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	118,949	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	938	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	436	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	25,871	0	0	0	55.02
57.00	05700	CT SCAN	0	12,194	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,363	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,281	0	0	0	59.00
60.00	06000	LABORATORY	0	227	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	20,070	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,136	0	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	8,351	0	0	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	0	0	63.02
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,468	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	67,841	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	151,631	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,778,444	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS PREPARATION	MEDICAL RECORDS PROCESSING	
			14.00	15.00	16.00	16.01	16.02	
74.00	07400	RENAL DIALYSIS	0	39,431	0	1,096	808	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,713	0	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03951	URODYNAMICS	0	0	0	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	2,965	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03956	CDC - REHAB	0	0	0	0	0	76.07
76.08	03957	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	627	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0	946	685	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	3,549	2,546	90.02
90.03	09003	ORAL SURGERY CLINIC	0	599	0	2,626	1,885	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	1,858	0	11,647	8,371	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	2,187	1,566	90.05
90.06	09006	OB-GYN CLINIC	0	12,483	0	8,039	5,776	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	10,377	7,465	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	902	0	8,531	6,131	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	3,274	2,350	90.09
90.10	09010	PEDIATRIC CLINIC	0	404	0	10,146	7,294	90.10
90.11	09011	SURGERY CLINIC	0	1,199	0	4,278	3,072	90.11
90.12	09012	UROLOGY CLINIC	0	4,050	0	2,261	1,628	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	5,358	3,855	90.13
90.14	09014	CANCER CLINIC	0	26,560	0	8,682	6,241	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0	8,394	6,033	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	6,921	0	3,257	2,337	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	484	343	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	115	0	3,423	2,460	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	0	902	649	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	0	2,799	2,007	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	0	3,994	2,876	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	0	1,404	1,004	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	11	12	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	299	0	1,168	844	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	0	2,183	1,566	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	0	2,035	1,469	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	0	920	661	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	0	589	428	90.40
91.00	09100	EMERGENCY	0	0	0	9,157	6,584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	32	24	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	6,957	1,004	105.00
106.00	10600	HEART ACQUISITION	0	0	0	877	122	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	2,781	404	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,547	220	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	153	24	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	227,823	4,100,730	0	295,195	468,806	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	492,510	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS PREPARATION	MEDICAL RECORDS PROCESSING	
			14.00	15.00	16.00	16.01	16.02	
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
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)	227,823	4,593,240	0	295,195	468,806	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	
			17.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - EMPLOYEES						11.01
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 PREPARATION						16.01
16.02	01602	MEDICAL RECORDS PROCESSING						16.02
17.00	01700	SOCIAL SERVICE	614,485					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,951,906				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		459,985			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0			0		23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0				1,982	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0					23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0					23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0					23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	287,289					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	7,909					31.01
32.00	03200	CORONARY CARE UNIT	19,224					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,610					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,584					34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	26,359					35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,800					35.01
40.00	04000	SUBPROVIDER - IPF	56,885					40.00
43.00	04300	NURSERY	9,101					43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,111					50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	363					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
55.01	03630	ULTRA SOUND	0					55.01
55.02	05501	RADIOLOGY - PET SCAN	0					55.02
57.00	05700	CT SCAN	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	7					60.00
60.01	06001	ANATOMICAL LABORATORY	0					60.01
60.02	03140	CARDIOLOGY	862					60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
63.01	03540	ORTHOTIC SERVICES	0					63.01
63.02	06301	BONE MARROW TRANSPLANT	0					63.02
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	
			17.00	21.00	22.00	23.00	23.01	
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	22,462					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0					75.00
76.00	03950	IVF/CULTURE LAB	0					76.00
76.02	03951	URODYNAMICS	0					76.02
76.03	03952	SPINE TREATMENT CENTER	0					76.03
76.04	03520	OPHTHALMOLOGY	0					76.04
76.05	03954	DIGESTIVE DISEASE CNTR	188					76.05
76.06	03580	RECREATIONAL THERAPY	0					76.06
76.07	03956	CDC - REHAB	12,709					76.07
76.08	03957	DIABETES EDUCATION	0					76.08
76.97	07697	CARDIAC REHABILITATION	7					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
76.99	07699	LITHOTRIPSY	0					76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0					90.01
90.02	09002	DERMATOLOGY CLINIC	175					90.02
90.03	09003	ORAL SURGERY CLINIC	229					90.03
90.04	09004	INTERNAL MEDICINE CLINIC	50,222					90.04
90.05	09005	NEUROLOGY CLINIC	1,420					90.05
90.06	09006	OB-GYN CLINIC	3,063					90.06
90.07	09007	OPHTHALMOLOGY CLINIC	451					90.07
90.08	09008	ORTHOPAEDICS CLINIC	2,194					90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	397					90.09
90.10	09010	PEDIATRIC CLINIC	19,938					90.10
90.11	09011	SURGERY CLINIC	13,691					90.11
90.12	09012	UROLOGY CLINIC	0					90.12
90.13	09013	PSYCHIATRIC CLINIC	35,211					90.13
90.14	09014	CANCER CLINIC	4,422					90.14
90.15	09015	FAMILY CARE CLINIC	0					90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0					90.16
90.17	09017	FAMILY PRACTICE	0					90.17
90.18	09018	IOWA RIVER LANDING	0					90.18
90.19	09019	BURN CLINIC	0					90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	94					90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0					90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	370					90.24
90.26	09026	IRL-OB/GYN CLINIC	88					90.26
90.27	09027	IRL-OPHTHALMOLOGY	74					90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0					90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	13					90.29
90.30	09030	IRL-PEDIATRICS CLINIC	411					90.30
90.32	09032	IRL-UROLOGY CLINIC	94					90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0					90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	54					90.40
91.00	09100	EMERGENCY	579					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
95.00	09500	AMBULANCE SERVICES	0					95.00
101.00	10100	HOME HEALTH AGENCY	0					101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,075					105.00
106.00	10600	HEART ACQUISITION	3,594					106.00
107.00	10700	LIVER ACQUISITION	2,867					107.00
108.00	10800	LUNG ACQUISITION	1,508					108.00
109.00	10900	PANCREAS ACQUISITION	7					109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	611,772	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001	VENDING/PATIENT ART	0					190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0					190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0					190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0					190.04
190.05	19005	CLINICAL RESEARCH UNIT	0					190.05
190.06	19006	PATIENT EDUCATION SERVICE	0					190.06
190.07	19007	NON-ALLOWABLE	0					190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0					190.08
190.09	19009	CONTACT LENS CLINIC	0					190.09
190.10	19015	IRL PHYSICIANS	0					190.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PARAMEDICAL EDUC - DIETARY	
			17.00	21.00	22.00	23.00	23.01	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0					190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0					190.12
190.13	19013	OTHER NON-ALLOWABLE	0					190.13
190.14	19014	EPIC REMOTE HOSTING	0					190.14
191.00	19100	RESEARCH	2,713					191.00
200.00		Cross Foot Adjustments		2,951,906	459,985	0	1,982	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	614,485	2,951,906	459,985	0	1,982	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.02	23.04	23.05	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - EMPLOYEES						11.01
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 PREPARATION						16.01
16.02	01602	MEDICAL RECORDS PROCESSING						16.02
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY						23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	31,025					23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH		65,493				23.04
23.05	02305	PARAMED ED PRGM-PASTORAL			0			23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				8,157,957	0	30.00
31.00	03100	INTENSIVE CARE UNIT				0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT				821,233	0	31.01
32.00	03200	CORONARY CARE UNIT				771,431	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				583,422	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				875,795	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				1,455,080	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				701,556	0	35.01
40.00	04000	SUBPROVIDER - IPF				1,086,793	0	40.00
43.00	04300	NURSERY				83,233	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				6,745,969	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				438,885	0	52.00
53.00	05300	ANESTHESIOLOGY				1,357,109	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				6,321,845	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				1,142,776	0	55.00
55.01	03630	ULTRA SOUND				754,209	0	55.01
55.02	05501	RADIOLOGY - PET SCAN				987,857	0	55.02
57.00	05700	CT SCAN				924,017	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				1,442,459	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,857,692	0	59.00
60.00	06000	LABORATORY				3,264,230	0	60.00
60.01	06001	ANATOMICAL LABORATORY				666,152	0	60.01
60.02	03140	CARDIOLOGY				1,638,117	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				377,277	0	63.00
63.01	03540	ORTHOTIC SERVICES				108,832	0	63.01
63.02	06301	BONE MARROW TRANSPLANT				252,055	0	63.02
65.00	06500	RESPIRATORY THERAPY				676,738	0	65.00
66.00	06600	PHYSICAL THERAPY				277,633	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				92,216	0	67.00
69.00	06900	ELECTROCARDIOLOGY				67,397	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				303,143	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				501,257	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.02	23.04	23.05	24.00	25.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				1,175,976	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				3,778,459	0	73.00
74.00	07400	RENAL DIALYSIS				907,318	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				2,134,810	0	75.00
76.00	03950	IVF/CULTURE LAB				269,128	0	76.00
76.02	03951	URODYNAMICS				92,950	0	76.02
76.03	03952	SPINE TREATMENT CENTER				100,670	0	76.03
76.04	03520	OPHTHALMOLOGY				149,097	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR				611,365	0	76.05
76.06	03580	RECREATIONAL THERAPY				105,056	0	76.06
76.07	03956	CDC - REHAB				50,548	0	76.07
76.08	03957	DIABETES EDUCATION				70,147	0	76.08
76.97	07697	CARDIAC REHABILITATION				250,265	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				39,569	0	76.98
76.99	07699	LITHOTRIPSY				187,461	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC				138,896	0	90.01
90.02	09002	DERMATOLOGY CLINIC				324,122	0	90.02
90.03	09003	ORAL SURGERY CLINIC				377,475	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC				1,335,347	0	90.04
90.05	09005	NEUROLOGY CLINIC				370,515	0	90.05
90.06	09006	OB-GYN CLINIC				769,059	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC				911,432	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC				735,002	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC				935,942	0	90.09
90.10	09010	PEDIATRIC CLINIC				1,083,140	0	90.10
90.11	09011	SURGERY CLINIC				777,413	0	90.11
90.12	09012	UROLOGY CLINIC				324,898	0	90.12
90.13	09013	PSYCHIATRIC CLINIC				594,349	0	90.13
90.14	09014	CANCER CLINIC				1,433,191	0	90.14
90.15	09015	FAMILY CARE CLINIC				702,116	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC				303,670	0	90.16
90.17	09017	FAMILY PRACTICE				0	0	90.17
90.18	09018	IOWA RIVER LANDING				0	0	90.18
90.19	09019	BURN CLINIC				20,901	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC				671,242	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC				244,053	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC				724,448	0	90.24
90.26	09026	IRL-OB/GYN CLINIC				832,341	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY				400,128	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC				1,356	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC				273,534	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC				603,500	0	90.30
90.32	09032	IRL-UROLOGY CLINIC				378,039	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC				227,088	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC				174,730	0	90.40
91.00	09100	EMERGENCY				1,212,621	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS				106,041	0	94.00
95.00	09500	AMBULANCE SERVICES				363,187	0	95.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				195,005	0	105.00
106.00	10600	HEART ACQUISITION				37,196	0	106.00
107.00	10700	LIVER ACQUISITION				58,209	0	107.00
108.00	10800	LUNG ACQUISITION				28,199	0	108.00
109.00	10900	PANCREAS ACQUISITION				10,348	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	72,335,917	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				75,443	0	190.00
190.01	19001	VENDING/PATIENT ART				289,428	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE				37,689	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS				492,510	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING				0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT				477,942	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE				76,619	0	190.06
190.07	19007	NON-ALLOWABLE				0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC				70,536	0	190.08

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PARAMEDICAL EDUC - PHARMACY	PARAMEDICAL EDUC - RAD TECH	PARAMED ED PRGM-PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.02	23.04	23.05	24.00	25.00	
190.09	19009	CONTACT LENS CLINIC				17,511	0	190.09
190.10	19015	IRL PHYSICIANS				0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT				781,258	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT				0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE				527,797	0	190.13
190.14	19014	EPIC REMOTE HOSTING				214	0	190.14
191.00	19100	RESEARCH				803,519	0	191.00
200.00		Cross Foot Adjustments	31,025	65,493	0	3,510,391	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	31,025	65,493	0	79,496,774	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP			1.01
1.02	00102	CAP REL COSTS-WESTLAWN			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG			1.03
1.04	00104	CAP REL COSTS-CDD			1.04
1.05	00105	CAP REL COSTS-IRL			1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL			2.05
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP			6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN			6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD			6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL			6.05
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL			9.01
9.04	00902	HOUSEKEEPING-CDD			9.04
9.05	00905	HOUSEKEEPING-IRL			9.05
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
11.01	01101	CAFETERIA - EMPLOYEES			11.01
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 PREPARATION			16.01
16.02	01602	MEDICAL RECORDS PROCESSING			16.02
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY			23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH			23.04
23.05	02305	PARAMED ED PRGM-PASTORAL			23.05
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	8,157,957		30.00
31.00	03100	INTENSIVE CARE UNIT	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	821,233		31.01
32.00	03200	CORONARY CARE UNIT	771,431		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	583,422		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	875,795		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,455,080		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	701,556		35.01
40.00	04000	SUBPROVIDER - IPF	1,086,793		40.00
43.00	04300	NURSERY	83,233		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	6,745,969		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	438,885		52.00
53.00	05300	ANESTHESIOLOGY	1,357,109		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,321,845		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,142,776		55.00
55.01	03630	ULTRA SOUND	754,209		55.01
55.02	05501	RADIOLOGY - PET SCAN	987,857		55.02
57.00	05700	CT SCAN	924,017		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,442,459		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,857,692		59.00
60.00	06000	LABORATORY	3,264,230		60.00
60.01	06001	ANATOMICAL LABORATORY	666,152		60.01
60.02	03140	CARDIOLOGY	1,638,117		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	377,277		63.00
63.01	03540	ORTHOTIC SERVICES	108,832		63.01
63.02	06301	BONE MARROW TRANSPLANT	252,055		63.02
65.00	06500	RESPIRATORY THERAPY	676,738		65.00
66.00	06600	PHYSICAL THERAPY	277,633		66.00
67.00	06700	OCCUPATIONAL THERAPY	92,216		67.00
69.00	06900	ELECTROCARDIOLOGY	67,397		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303,143		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	501,257		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,175,976		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,778,459		73.00
74.00	07400	RENAL DIALYSIS	907,318		74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,134,810		75.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Total		
			26.00		
76.00	03950	IVF/CULTURE LAB	269,128		76.00
76.02	03951	URODYNAMICS	92,950		76.02
76.03	03952	SPINE TREATMENT CENTER	100,670		76.03
76.04	03520	OPHTHALMOLOGY	149,097		76.04
76.05	03954	DIGESTIVE DISEASE CNTR	611,365		76.05
76.06	03580	RECREATIONAL THERAPY	105,056		76.06
76.07	03956	CDC - REHAB	50,548		76.07
76.08	03957	DIABETES EDUCATION	70,147		76.08
76.97	07697	CARDIAC REHABILITATION	250,265		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,569		76.98
76.99	07699	LITHOTRIPSY	187,461		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	138,896		90.01
90.02	09002	DERMATOLOGY CLINIC	324,122		90.02
90.03	09003	ORAL SURGERY CLINIC	377,475		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,335,347		90.04
90.05	09005	NEUROLOGY CLINIC	370,515		90.05
90.06	09006	OB-GYN CLINIC	769,059		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	911,432		90.07
90.08	09008	ORTHOPAEDICS CLINIC	735,002		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	935,942		90.09
90.10	09010	PEDIATRIC CLINIC	1,083,140		90.10
90.11	09011	SURGERY CLINIC	777,413		90.11
90.12	09012	UROLOGY CLINIC	324,898		90.12
90.13	09013	PSYCHIATRIC CLINIC	594,349		90.13
90.14	09014	CANCER CLINIC	1,433,191		90.14
90.15	09015	FAMILY CARE CLINIC	702,116		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	303,670		90.16
90.17	09017	FAMILY PRACTICE	0		90.17
90.18	09018	IOWA RIVER LANDING	0		90.18
90.19	09019	BURN CLINIC	20,901		90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	671,242		90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	244,053		90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	724,448		90.24
90.26	09026	IRL-OB/GYN CLINIC	832,341		90.26
90.27	09027	IRL-OPHTHALMOLOGY	400,128		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	1,356		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	273,534		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	603,500		90.30
90.32	09032	IRL-UROLOGY CLINIC	378,039		90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	227,088		90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	174,730		90.40
91.00	09100	EMERGENCY	1,212,621		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	106,041		94.00
95.00	09500	AMBULANCE SERVICES	363,187		95.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	195,005		105.00
106.00	10600	HEART ACQUISITION	37,196		106.00
107.00	10700	LIVER ACQUISITION	58,209		107.00
108.00	10800	LUNG ACQUISITION	28,199		108.00
109.00	10900	PANCREAS ACQUISITION	10,348		109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,335,917		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,443		190.00
190.01	19001	VENDING/PATIENT ART	289,428		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	37,689		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	492,510		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	477,942		190.05
190.06	19006	PATIENT EDUCATION SERVICE	76,619		190.06
190.07	19007	NON-ALLOWABLE	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	70,536		190.08
190.09	19009	CONTACT LENS CLINIC	17,511		190.09
190.10	19015	IRL PHYSICIANS	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	781,258		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	527,797		190.13
190.14	19014	EPIC REMOTE HOSTING	214		190.14
191.00	19100	RESEARCH	803,519		191.00
200.00		Cross Foot Adjustments	3,510,391		200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center Description	Total		
		26.00		
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118-201)	79,496,774		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP	0	2,143,172				1.01
1.02	00102	CAP REL COSTS-WESTLAWN	0	0	17,022			1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG	0	0	0	22,501		1.03
1.04	00104	CAP REL COSTS-CDD	0	0	0	0	58,039	1.04
1.05	00105	CAP REL COSTS-IRL	0	0	0	0	0	1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL	0	301,144	0	0	21,670	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	37,239	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	0	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	0	0	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	0	86	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,877	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	0	18,525	0	0	0	9.01
9.04	00902	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	0	9.05
10.00	01000	DIETARY	0	16,208	0	0	0	10.00
11.00	01100	CAFETERIA	0	41,337	0	0	0	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	53,113	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,907	0	0	0	14.00
15.00	01500	PHARMACY	0	34,704	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	12,220	0	0	1,711	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	8,569	0	0	0	16.02
17.00	01700	SOCIAL SERVICE	0	11,458	0	0	1,247	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	115,964	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	9,486	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	392	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	2,500	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	195,771	0	0	742	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	17,839	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,138	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,476	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,430	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	26,656	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	15,853	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	28,522	0	0	0	40.00
43.00	04300	NURSERY	0	911	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	78,144	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,313	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	17,849	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,682	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,388	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	2,731	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,719	0	0	0	55.02
57.00	05700	CT SCAN	0	5,279	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,164	0	2,778	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,121	0	0	0	59.00
60.00	06000	LABORATORY	0	60,550	0	0	1,083	60.00
60.01	06001	ANATOMICAL LABORATORY	0	19,490	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	17,221	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,061	0	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	1,878	0	0	2,161	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	8,149	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	3,306	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,392	0	0	1,058	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,399	0	0	1,138	67.00
69.00	06900	ELECTROCARDIOLOGY	0	955	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,994	0	0	5,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,668	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	64,129	0	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0	11,091	0	0	0	76.00
76.02	03951	URODYNAMICS	0	462	0	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	2,857	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	5,079	0	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	12,022	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	5,264	0	0	0	76.06
76.07	03956	CDC - REHAB	0	1,672	0	0	0	76.07
76.08	03957	DIABETES EDUCATION	0	1,617	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	4,149	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,744	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	541	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	5,848	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,063	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	11,925	0	0	1,320	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	56,526	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	18,679	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	31,462	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	35,975	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	31,369	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	30,884	0	0	3,011	90.09
90.10	09010	PEDIATRIC CLINIC	0	35,092	0	0	8,519	90.10
90.11	09011	SURGERY CLINIC	0	36,888	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	12,748	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	25,361	0	0	3,737	90.13
90.14	09014	CANCER CLINIC	0	43,539	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	33,896	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	23	0	19,723	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	733	0	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.40
91.00	09100	EMERGENCY	0	36,560	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,221	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	9,259	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,989	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	363	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	751	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	323	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	207	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,979,003	0	22,501	53,163	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,808	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	12,281	0	0	2,824	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	594	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	28,225	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	3,675	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	1,467	0	0	0	190.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	GENERAL HOSP (SQUARE FEET)	WESTLAWN (SQUARE FEET)	ORTHO SPORTS MED BLDG (SQUARE FEET)	CDD (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
190.09	19009	CONTACT LENS CLINIC	0	1,042	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	45,109	0	0	79	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	21,966	17,022	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	47,002	0	0	1,973	191.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	28,456,915	51,178	244,496	285,771	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	13.277943	3.006580	10.866006	4.923775	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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP-IRL (DOLLAR VALUE-IRL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.05	2.00	2.05	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL	124,857					1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP		38,025,775				2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL		0	3,472,777			2.05
5.00	00500	ADMINISTRATIVE & GENERAL	2,339	13,237,421	0	-143,226,918	890,669,810	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	169,555	0	0	44,925,403	6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	0	0	230,196	6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	1,922	0	0	579,179	6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	17,618	0	0	0	3,771,187	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	2,326	360	0	0	2,116,224	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	0	58,888	0	0	19,816,022	9.01
9.04	00902	HOUSEKEEPING-CDD	0	0	0	0	209,248	9.04
9.05	00905	HOUSEKEEPING-IRL	1,939	0	0	0	536,159	9.05
10.00	01000	DIETARY	1,411	149,518	0	0	11,162,741	10.00
11.00	01100	CAFETERIA	0	0	0	0	561,584	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	1,091,531	0	0	13,467,735	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	595	0	0	2,131,918	14.00
15.00	01500	PHARMACY	19,037	612,176	1,716	0	136,994,596	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	3,381	0	0	3,629,657	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	6,930	0	0	4,790,651	16.02
17.00	01700	SOCIAL SERVICE	301	20,138	0	0	15,928,691	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	48,132,358	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	500	0	0	14,258,051	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	92,709	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	1,171,158	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	1,254	0	0	1,078,814	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,242,642	0	0	69,007,086	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	205,874	0	0	8,114,104	31.01
32.00	03200	CORONARY CARE UNIT	0	196,124	0	0	4,432,856	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	125,653	0	0	4,699,531	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	224,985	0	0	12,013,694	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	332,415	0	0	18,710,111	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	170,276	0	0	7,862,004	35.01
40.00	04000	SUBPROVIDER - IPF	0	17,358	0	0	10,961,605	40.00
43.00	04300	NURSERY	0	205	0	0	1,554,608	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	3,831,723	0	0	62,878,802	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	117,580	0	0	3,905,234	52.00
53.00	05300	ANESTHESIOLOGY	0	891,148	0	0	6,608,468	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,565	3,476,911	710,313	0	18,431,205	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	495,101	0	0	7,787,327	55.00
55.01	03630	ULTRA SOUND	0	629,852	0	0	3,387,300	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	728,125	0	0	3,026,860	55.02
57.00	05700	CT SCAN	0	726,143	0	0	4,187,837	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,115,906	0	0	3,890,027	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,582,672	0	0	5,205,796	59.00
60.00	06000	LABORATORY	7,159	931,269	235,839	0	40,100,334	60.00
60.01	06001	ANATOMICAL LABORATORY	0	247,828	0	0	4,387,292	60.01
60.02	03140	CARDIOLOGY	357	1,094,675	0	0	9,000,943	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	50,129	0	0	6,421,842	63.00
63.01	03540	ORTHOTIC SERVICES	0	0	0	0	2,841,619	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	42,833	0	0	3,449,828	63.02
65.00	06500	RESPIRATORY THERAPY	0	445,489	0	0	6,543,761	65.00
66.00	06600	PHYSICAL THERAPY	0	18,977	0	0	5,250,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,542	0	0	2,052,303	67.00
69.00	06900	ELECTROCARDIOLOGY	0	37,145	0	0	638,012	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	170,297	0	0	2,932,569	70.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP-IRL (DOLLAR VALUE-IRL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.05	2.00	2.05	5A	5.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	21,428,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	50,644,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	721	73.00
74.00	07400	RENAL DIALYSIS	0	170,818	0	0	6,515,676	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	726,845	0	0	12,601,589	75.00
76.00	03950	IVF/CULTURE LAB	0	30,297	0	0	2,265,082	76.00
76.02	03951	URODYNAMICS	0	70,870	0	0	554,355	76.02
76.03	03952	SPINE TREATMENT CENTER	0	29,987	0	0	940,398	76.03
76.04	03520	OPHTHALMOLOGY	991	0	0	0	1,578,286	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	258,224	0	0	5,227,666	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	843,065	76.06
76.07	03956	CDC - REHAB	0	218	0	0	388,369	76.07
76.08	03957	DIABETES EDUCATION	900	0	0	0	553,189	76.08
76.97	07697	CARDIAC REHABILITATION	4,009	22,146	0	0	1,431,287	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,808	0	0	269,091	76.98
76.99	07699	LITHOTRIPSY	0	155,055	0	0	844,441	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	13,032	0	0	1,014,353	90.01
90.02	09002	DERMATOLOGY CLINIC	0	50,484	0	0	1,864,759	90.02
90.03	09003	ORAL SURGERY CLINIC	0	122,281	0	0	1,507,393	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	82,613	0	0	8,677,021	90.04
90.05	09005	NEUROLOGY CLINIC	0	6,719	0	0	1,705,742	90.05
90.06	09006	OB-GYN CLINIC	0	92,682	0	0	4,700,191	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	141,760	0	0	6,586,173	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	50,820	0	0	5,466,562	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	262,811	0	0	5,947,999	90.09
90.10	09010	PEDIATRIC CLINIC	0	156,300	0	0	9,411,305	90.10
90.11	09011	SURGERY CLINIC	0	23,127	0	0	4,606,253	90.11
90.12	09012	UROLOGY CLINIC	0	51,310	0	0	1,991,877	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	12,486	0	0	3,728,300	90.13
90.14	09014	CANCER CLINIC	0	422,494	0	0	8,350,479	90.14
90.15	09015	FAMILY CARE CLINIC	0	11,887	0	0	3,942,162	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	36,390	0	0	1,513,774	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	601	0	0	249,995	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	5,946	0	434,844	0	1,778,438	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	3,259	0	125,843	0	568,673	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	9,100	0	364,694	0	2,436,503	90.24
90.26	09026	IRL-OB/GYN CLINIC	7,738	0	524,030	0	2,315,154	90.26
90.27	09027	IRL-OPHTHALMOLOGY	6,081	0	179,433	0	1,096,476	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	1,256	0	3,819	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	3,300	0	149,943	0	679,446	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	8,359	0	283,871	0	1,930,773	90.30
90.32	09032	IRL-UROLOGY CLINIC	2,540	0	268,208	0	1,043,146	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	2,942	0	117,110	0	567,509	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	2,640	0	75,677	0	584,202	90.40
91.00	09100	EMERGENCY	0	300,942	0	0	8,875,886	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	31,356	0	0	618,397	94.00
95.00	09500	AMBULANCE SERVICES	0	85,532	0	0	5,486,073	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	67,075	0	0	3,588,893	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,235,733	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	1,825,137	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	945,488	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	330,892	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	124,857	37,998,016	3,472,777	-143,226,918	879,129,654	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,434,387	190.00
190.01	19001	VENDING/PATIENT ART	0	952	0	0	3,296,949	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	26,807	0	0	39,459	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	1	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	443,833	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	736,173	190.06

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	CAPITAL RELATED COSTS IRL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	MVBLE EQUIP-IRL (DOLLAR VALUE-IRL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.05	2.00	2.05	5A	5.00	
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	2,288,023	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	13,836	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	599,344	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	2,054,346	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	633,805	191.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,215,597	38,398,190	3,472,777		143,226,918	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.754239	1.009794	1.000000		0.160808	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					18,014,395	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.020226	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.00	6.01	6.02	6.04	6.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP	0	1,804,789				6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN	0	0	17,022			6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD	0	0	0	36,369		6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL	0	0	0	86	104,900	6.05
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,877	0	0	2,326	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	0	18,525	0	0	0	9.01
9.04	00902	HOUSEKEEPING-CDD	0	0	0	0	0	9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	1,939	9.05
10.00	01000	DIETARY	0	16,208	0	0	1,411	10.00
11.00	01100	CAFETERIA	0	41,337	0	0	0	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	53,113	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,907	0	0	0	14.00
15.00	01500	PHARMACY	0	34,704	0	0	19,037	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	12,220	0	1,711	0	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	8,569	0	0	0	16.02
17.00	01700	SOCIAL SERVICE	0	11,458	0	1,247	301	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	115,964	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	9,486	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	392	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	2,500	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	195,771	0	742	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	17,839	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	21,138	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	13,476	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	9,430	0	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	26,656	0	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	15,853	0	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	0	28,522	0	0	0	40.00
43.00	04300	NURSERY	0	911	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	78,144	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,313	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	17,849	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,682	0	0	14,565	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,388	0	0	0	55.00
55.01	03630	ULTRA SOUND	0	2,731	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	9,719	0	0	0	55.02
57.00	05700	CT SCAN	0	5,279	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,164	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,121	0	0	0	59.00
60.00	06000	LABORATORY	0	60,550	0	1,083	7,159	60.00
60.01	06001	ANATOMICAL LABORATORY	0	19,490	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	17,221	0	0	357	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,061	0	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	1,878	0	2,161	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	8,149	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	3,306	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,392	0	1,058	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,399	0	1,138	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	955	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,994	0	5,680	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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.00	6.01	6.02	6.04	6.05	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,668	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	64,129	0	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0	11,091	0	0	0	76.00
76.02	03951	URODYNAMICS	0	462	0	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	2,857	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	5,079	0	0	991	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	12,022	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	5,264	0	0	0	76.06
76.07	03956	CDC - REHAB	0	1,672	0	0	0	76.07
76.08	03957	DIABETES EDUCATION	0	1,617	0	0	900	76.08
76.97	07697	CARDIAC REHABILITATION	0	4,149	0	0	4,009	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,744	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	541	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	5,848	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	13,063	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	11,925	0	1,320	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	56,526	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	18,679	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	31,462	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	35,975	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	31,369	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	30,884	0	3,011	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	35,092	0	8,519	0	90.10
90.11	09011	SURGERY CLINIC	0	36,888	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	12,748	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	25,361	0	3,737	0	90.13
90.14	09014	CANCER CLINIC	0	43,539	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	33,896	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	23	0	0	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	733	0	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0	0	0	5,946	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	0	0	3,259	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	0	0	9,100	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	0	0	7,738	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	0	0	6,081	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	3,300	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	0	0	8,359	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	0	0	2,540	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	2,942	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	0	0	2,640	90.40
91.00	09100	EMERGENCY	0	36,560	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	2,221	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	9,259	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,989	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	363	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	751	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	323	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	207	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,640,620	0	31,493	104,900	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,808	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	12,281	0	2,824	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	594	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	28,225	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	3,675	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	1,467	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	1,042	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-GENERAL HOSP (SQUARE FEET)	MAINTENANCE & REPAIRS-WESTLAWN (SQUARE FEET)	MAINTENANCE & REPAIRS-CDD (SQUARE FEET)	MAINTENANCE & REPAIRS-IRL (SQUARE FEET)	
			6.00	6.01	6.02	6.04	6.05	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	45,109	0	79	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	21,966	17,022	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	47,002	0	1,973	0	191.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	52,149,767	267,213	672,316	4,379,214	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	28.895215	15.698097	18.485963	41.746559	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	5,096,632	4,656	15,652	530,474	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.823949	0.273528	0.430367	5.056949	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSPITAL (TIME SPENT)	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	
			8.00	9.00	9.01	9.04	9.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE	10,208,339					8.00
9.00	00900	HOUSEKEEPING	0	0				9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL	2,898	0	1,754,926			9.01
9.04	00902	HOUSEKEEPING-CDD	0	0	0	36,283		9.04
9.05	00905	HOUSEKEEPING-IRL	0	0	0	0	100,635	9.05
10.00	01000	DIETARY	17,598	0	16,208	0	1,411	10.00
11.00	01100	CAFETERIA	12,531	0	41,337	0	0	11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	53,113	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	503	0	10,907	0	0	14.00
15.00	01500	PHARMACY	13,580	0	34,704	0	19,037	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	12,220	1,711	0	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	8,569	0	0	16.02
17.00	01700	SOCIAL SERVICE	0	0	11,458	1,247	301	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	91,503	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	87,267	0	9,486	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	392	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	2,500	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,306,271	0	195,771	742	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	272,205	0	17,839	0	0	31.01
32.00	03200	CORONARY CARE UNIT	166,536	0	21,138	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	304,449	0	13,476	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	431,603	0	9,430	0	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	121,523	0	26,656	0	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	92,692	0	15,853	0	0	35.01
40.00	04000	SUBPROVIDER - IPF	221,488	0	28,522	0	0	40.00
43.00	04300	NURSERY	56,164	0	911	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,902,086	0	78,144	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	186,976	0	12,313	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	17,849	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	296,405	0	66,682	0	14,565	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	105,242	0	27,388	0	0	55.00
55.01	03630	ULTRA SOUND	83,197	0	2,731	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	45,036	0	9,719	0	0	55.02
57.00	05700	CT SCAN	143,344	0	5,279	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	110,565	0	11,164	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	152,197	0	7,121	0	0	59.00
60.00	06000	LABORATORY	36,108	0	60,550	1,083	7,159	60.00
60.01	06001	ANATOMICAL LABORATORY	12,830	0	19,490	0	0	60.01
60.02	03140	CARDIOLOGY	56,441	0	17,221	0	357	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45,401	0	11,061	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	1,096	0	1,878	2,161	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	8,149	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	3,730	0	3,306	0	0	65.00
66.00	06600	PHYSICAL THERAPY	54,404	0	8,392	1,058	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,399	1,138	0	67.00
69.00	06900	ELECTROCARDIOLOGY	4,619	0	955	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,559	0	1,994	5,680	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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSPITAL (TIME SPENT)	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	
			8.00	9.00	9.01	9.04	9.05	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	77,433	0	8,668	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	431,487	0	64,129	0	0	75.00
76.00	03950	IVF/CULTURE LAB	24,546	0	11,091	0	0	76.00
76.02	03951	URODYNAMICS	8,281	0	462	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	2,857	0	0	76.03
76.04	03520	OPHTHALMOLOGY	1,867	0	5,079	0	991	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	193,675	0	12,022	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	5,264	0	0	76.06
76.07	03956	CDC - REHAB	1,525	0	1,672	0	0	76.07
76.08	03957	DIABETES EDUCATION	274	0	1,617	0	900	76.08
76.97	07697	CARDIAC REHABILITATION	8,918	0	4,149	0	4,009	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	9,929	0	1,744	0	0	76.98
76.99	07699	LITHOTRIPSY	21,530	0	541	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	38,390	0	5,848	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	28,575	0	13,063	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	11,096	0	11,925	1,320	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	26,575	0	56,526	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	1,526	0	18,679	0	0	90.05
90.06	09006	OB-GYN CLINIC	48,324	0	31,462	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	10,147	0	35,975	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	44,466	0	31,369	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	19,205	0	30,884	3,011	0	90.09
90.10	09010	PEDIATRIC CLINIC	50,916	0	35,092	8,519	0	90.10
90.11	09011	SURGERY CLINIC	12,978	0	36,888	0	0	90.11
90.12	09012	UROLOGY CLINIC	52,997	0	12,748	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	337	0	25,361	3,737	0	90.13
90.14	09014	CANCER CLINIC	128,951	0	43,539	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	38,006	0	33,896	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	23	0	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	733	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	13,846	0	0	0	5,946	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	3,653	0	0	0	3,259	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	11,487	0	0	0	9,100	90.24
90.26	09026	IRL-OB/GYN CLINIC	16,337	0	0	0	7,738	90.26
90.27	09027	IRL-OPHTHALMOLOGY	5,683	0	0	0	6,081	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	4,752	0	0	0	3,300	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	8,879	0	0	0	8,359	90.30
90.32	09032	IRL-UROLOGY CLINIC	8,364	0	0	0	2,540	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	3,722	0	0	0	2,942	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	2,397	0	0	0	2,640	90.40
91.00	09100	EMERGENCY	455,806	0	36,560	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	2,212	0	2,221	0	0	94.00
95.00	09500	AMBULANCE SERVICES	11,273	0	9,259	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,989	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	363	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	751	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	323	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	207	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,197,909	0	1,590,757	31,407	100,635	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,808	0	0	190.00
190.01	19001	VENDING/PATIENT ART	2,680	0	12,281	2,824	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	594	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	28,225	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	3,675	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	1,467	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	1,042	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-GENERAL HOSPITAL (TIME SPENT)	HOUSEKEEPING-CDD (SQUARE FEET)	HOUSEKEEPING-IRL (SQUARE FEET)	
			8.00	9.00	9.01	9.04	9.05	
190.11	19011	CLINICAL FACULTY DEPARTMENT	7,186	0	45,109	79	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	564	0	21,966	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	47,002	1,973	0	191.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,752,344	0	23,538,662	242,897	703,325	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.269617	0.000000	13.412909	6.694513	6.988871	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	225,565	0	760,641	4,232	70,586	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.022096	0.000000	0.433432	0.116639	0.701406	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	CAFETERIA - EMPLOYEES (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	
			10.00	11.00	11.01	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY	608,706					10.00
11.00	01100	CAFETERIA	0	1,000,000				11.00
11.01	01101	CAFETERIA - EMPLOYEES	0	1,000,000	6,506			11.01
13.00	01300	NURSING ADMINISTRATION	0	0	98	5,010,461		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	35	0	228,630,170	14.00
15.00	01500	PHARMACY	0	0	269	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	65	0	0	16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	70	0	0	16.02
17.00	01700	SOCIAL SERVICE	0	0	177	102,263	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	669	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	19	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	1	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	8	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	10	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	372,936	0	833	1,524,350	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	20,008	0	79	150,050	0	31.01
32.00	03200	CORONARY CARE UNIT	8,929	0	63	100,427	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	14,845	0	51	86,307	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28,681	0	125	223,591	0	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	65,419	0	180	308,059	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	14,964	0	76	133,315	0	35.01
40.00	04000	SUBPROVIDER - IPF	77,607	0	150	256,428	0	40.00
43.00	04300	NURSERY	3,583	0	2	28,686	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	408	484,838	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	44	62,420	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	105	16,065	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	187	45,428	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	51	16,259	0	55.00
55.01	03630	ULTRA SOUND	0	0	21	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	17	4,283	0	55.02
57.00	05700	CT SCAN	0	0	23	2,090	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	22	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	29	32,422	0	59.00
60.00	06000	LABORATORY	0	0	253	80	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	41	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	72	51,078	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	25	18,314	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	0	1	0	8,384,938	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	13	6,360	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	0	89	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	61	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	21	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8	178	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	32	665	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	68,113,255	71.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	CAFETERIA - EMPLOYEES (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	
			10.00	11.00	11.01	13.00	14.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	152,131,977	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	54	45,840	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	96	132,152	0	75.00
76.00	03950	IVF/CULTURE LAB	0	0	20	14,626	0	76.00
76.02	03951	URODYNAMICS	0	0	4	4,234	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	9	6,965	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	18	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0	39	69,346	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	9	0	0	76.06
76.07	03956	CDC - REHAB	0	0	4	3,642	0	76.07
76.08	03957	DIABETES EDUCATION	0	0	5	7,304	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	14	3,763	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	4	7,331	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	9	11,179	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	28	20,973	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	19	25,274	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	208	100,614	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	32	17,670	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	73	45,833	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	102	23,753	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	90	53,444	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	58	23,017	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	173	111,537	0	90.10
90.11	09011	SURGERY CLINIC	0	0	107	37,352	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	37	19,673	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	69	20,871	0	90.13
90.14	09014	CANCER CLINIC	0	0	87	131,301	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	86	53,880	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	15	16,495	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	3	4,331	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0	10	12,289	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	3	4,521	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	17	36,218	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	12	19,889	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	6	8,010	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0	4	6,603	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	12	25,355	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	6	9,383	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	4	8,137	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	4	5,484	0	90.40
91.00	09100	EMERGENCY	0	0	144	157,435	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	3	10,928	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	16	21,507	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	10	10,636	0	105.00
106.00	10600	HEART ACQUISITION	0	0	4	2,595	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	6	4,800	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	4	72	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	104	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	606,972	1,000,000	6,242	5,010,322	228,630,170	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	30	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	1,734	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	9	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	CAFETERIA - EMPLOYEES (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (CSS REQUIS)	
			10.00	11.00	11.01	13.00	14.00	
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	212	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	11	139	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	2	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,717,039	2,404,161	2,404,161	17,916,781	2,949,272	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.534752	2.404161	369.529819	3.575875	0.012900	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	791,476	695,157	695,157	2,277,442	227,823	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.300260	0.695157	106.848601	0.454537	0.000996	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PHARMACY (PHARM REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	MEDICAL RECORDS PREPARATION (DISCHARGES)	MEDICAL RECORDS PROCESSING (RECDS PROC)	SOCIAL SERVICE (CASE TIME)	
			15.00	16.00	16.01	16.02	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - EMPLOYEES						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	104,434,873					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0				16.00
16.01	01601	MEDICAL RECORDS PREPARATION	0	0	363,754			16.01
16.02	01602	MEDICAL RECORDS PROCESSING	0	0	0	38,307		16.02
17.00	01700	SOCIAL SERVICE	18,483	0	0	0	91,289	17.00
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 ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY	0	0	0	0	0	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0	0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	118,615	20,923	42,680	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0	6,638	1,171	1,175	31.01
32.00	03200	CORONARY CARE UNIT	0	0	3,079	543	2,856	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	5,276	368	2,022	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	9,432	1,664	681	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	21,474	672	3,916	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,917	346	416	35.01
40.00	04000	SUBPROVIDER - IPF	0	0	25,946	4,577	8,451	40.00
43.00	04300	NURSERY	0	0	712	628	1,352	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	125,131	0	0	0	165	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	54	52.00
53.00	05300	ANESTHESIOLOGY	225,310	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,704,491	0	0	0	9	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,333	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	9,920	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	588,222	0	0	0	0	55.02
57.00	05700	CT SCAN	277,246	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	394,777	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	74,588	0	0	0	0	59.00
60.00	06000	LABORATORY	5,162	0	0	0	1	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	456,329	0	0	0	128	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,826	0	0	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	0	0	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	0	0	63.02
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,388	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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PHARMACY (PHARM REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	MEDICAL RECORDS PREPARATION (DISCHARGES)	MEDICAL RECORDS PROCESSING (RECDS PROC)	SOCIAL SERVICE (CASE TIME)	
			15.00	16.00	16.01	16.02	17.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	85,909,183	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	896,532	0	1,351	66	3,337	74.00
75.00	07500	ASC (NON-DISTINCT PART)	129,905	0	0	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03951	URODYNAMICS	0	0	0	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	67,417	0	0	0	28	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03956	CDC - REHAB	0	0	0	0	1,888	76.07
76.08	03957	DIABETES EDUCATION	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	14,246	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	1,166	56	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	4,373	208	26	90.02
90.03	09003	ORAL SURGERY CLINIC	13,628	0	3,236	154	34	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	42,244	0	14,352	684	7,461	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	2,695	128	211	90.05
90.06	09006	OB-GYN CLINIC	283,822	0	9,906	472	455	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	12,787	610	67	90.07
90.08	09008	ORTHOPAEDICS CLINIC	20,508	0	10,512	501	326	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	4,034	192	59	90.09
90.10	09010	PEDIATRIC CLINIC	9,188	0	12,502	596	2,962	90.10
90.11	09011	SURGERY CLINIC	27,259	0	5,272	251	2,034	90.11
90.12	09012	UROLOGY CLINIC	92,091	0	2,786	133	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	6,602	315	5,231	90.13
90.14	09014	CANCER CLINIC	603,890	0	10,698	510	657	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	10,344	493	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	157,349	0	4,013	191	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	596	28	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	2,621	0	4,218	201	14	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	1,112	53	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	3,449	164	55	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	4,922	235	13	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	1,730	82	11	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	13	1	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	6,797	0	1,439	69	2	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	2,690	128	61	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	2,508	120	14	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	1,134	54	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	726	35	8	90.40
91.00	09100	EMERGENCY	0	0	11,284	538	86	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	39	2	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	8,573	82	754	105.00
106.00	10600	HEART ACQUISITION	0	0	1,081	10	534	106.00
107.00	10700	LIVER ACQUISITION	0	0	3,427	33	426	107.00
108.00	10800	LUNG ACQUISITION	0	0	1,906	18	224	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	189	2	1	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	93,236,886	0	363,754	38,307	90,886	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	11,197,987	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PHARMACY (PHARM REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	MEDICAL RECORDS PREPARATION (DISCHARGES)	MEDICAL RECORDS PROCESSING (RECDS PROC)	SOCIAL SERVICE (CASE TIME)	
			15.00	16.00	16.01	16.02	17.00	
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	0	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	403	191.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	161,523,614	0	4,797,443	5,949,431	19,480,662	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.546644	0.000000	13.188702	155.309239	213.395502	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,593,240	0	295,195	468,806	614,485	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.043982	0.000000	0.811524	12.238129	6.731205	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTES TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTES TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARM HOURS)	
			21.00	22.00	23.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP						1.01
1.02	00102	CAP REL COSTS-WESTLAWN						1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG						1.03
1.04	00104	CAP REL COSTS-CDD						1.04
1.05	00105	CAP REL COSTS-IRL						1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL						2.05
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP						6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN						6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD						6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL						6.05
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL						9.01
9.04	00902	HOUSEKEEPING-CDD						9.04
9.05	00905	HOUSEKEEPING-IRL						9.05
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - EMPLOYEES						11.01
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 PREPARATION						16.01
16.02	01602	MEDICAL RECORDS PROCESSING						16.02
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,348,643					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		2,348,643				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY			0	315		23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY			0	0	340	23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH			0	0	0	23.04
23.05	02305	PARAMED ED PRGM-PASTORAL			0	0	0	23.05
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	237,915	237,915	0	69	92	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	29,416	29,416	0	16	28	31.01
32.00	03200	CORONARY CARE UNIT	13,274	13,274	0	25	10	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	14,120	14,120	0	16	14	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,478	42,478	0	24	4	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	86,414	86,414	0	15	6	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	23,984	23,984	0	10	41	35.01
40.00	04000	SUBPROVIDER - IPF	33,387	33,387	0	0	31	40.00
43.00	04300	NURSERY	3,911	3,911	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	327,631	327,631	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,651	17,651	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	51,571	51,571	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	108,139	108,139	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	72,651	72,651	0	15	0	55.00
55.01	03630	ULTRA SOUND	21,334	21,334	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	20,250	20,250	0	0	0	55.02
57.00	05700	CT SCAN	104,468	104,468	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	89,099	89,099	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	59,389	59,389	0	0	0	59.00
60.00	06000	LABORATORY	300,440	300,440	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	26,997	26,997	0	0	0	60.01
60.02	03140	CARDIOLOGY	58,781	58,781	0	0	26	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,639	28,639	0	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	8,195	8,195	0	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	8,586	8,586	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	42,445	42,445	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,986	16,986	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,141	7,141	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	6,303	6,303	0	0	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTES TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTES TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARM HOURS)	
			21.00	22.00	23.00	23.01	23.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	17,180	17,180	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	37,787	37,787	0	9	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	65,920	65,920	0	0	0	75.00
76.00	03950	IVF/CULTURE LAB	3,832	3,832	0	0	0	76.00
76.02	03951	URODYNAMICS	2,857	2,857	0	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	551	551	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	8,580	8,580	0	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	35,277	35,277	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	559	559	0	0	0	76.06
76.07	03956	CDC - REHAB	1,330	1,330	0	0	0	76.07
76.08	03957	DIABETES EDUCATION	303	303	0	14	0	76.08
76.97	07697	CARDIAC REHABILITATION	4,127	4,127	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,524	1,524	0	0	0	76.98
76.99	07699	LITHOTRIPSY	8,070	8,070	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	6,681	6,681	0	0	5	90.01
90.02	09002	DERMATOLOGY CLINIC	8,552	8,552	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	3,483	3,483	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	12,940	12,940	0	0	50	90.04
90.05	09005	NEUROLOGY CLINIC	2,736	2,736	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	8,801	8,801	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	14,157	14,157	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	9,741	9,741	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	12,311	12,311	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	12,431	12,431	0	15	0	90.10
90.11	09011	SURGERY CLINIC	4,947	4,947	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	6,741	6,741	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	8,581	8,581	0	0	0	90.13
90.14	09014	CANCER CLINIC	26,533	26,533	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	8,487	8,487	0	0	8	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	5,513	5,513	0	0	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	419	419	0	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	4,952	4,952	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	1,306	1,306	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	4,049	4,049	0	0	4	90.24
90.26	09026	IRL-OB/GYN CLINIC	5,779	5,779	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	2,031	2,031	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	16	16	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	1,690	1,690	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	3,158	3,158	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	2,944	2,944	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	1,331	1,331	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	853	853	0	0	0	90.40
91.00	09100	EMERGENCY	92,787	92,787	0	0	21	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	7,401	7,401	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	17,800	17,800	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,348,643	2,348,643	0	228	340	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VENDING/PATIENT ART	0	0	0	0	0	190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0	0	0	0	190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0	0	0	0	190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (FTES TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (FTES TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMEDICAL EDUC - DIETARY (DIETARY HOURS)	PARAMEDICAL EDUC - PHARMACY (PHARM HOURS)	
			21.00	22.00	23.00	23.01	23.02	
190.05	19005	CLINICAL RESEARCH UNIT	0	0	0	0	0	190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0	0	0	0	190.06
190.07	19007	NON-ALLOWABLE	0	0	0	0	0	190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0	0	0	0	190.08
190.09	19009	CONTACT LENS CLINIC	0	0	0	0	0	190.09
190.10	19015	IRL PHYSICIANS	0	0	0	0	0	190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0	0	0	0	190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0	0	0	0	190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0	0	87	0	190.13
190.14	19014	EPIC REMOTE HOSTING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	60,697,767	16,982,745	0	107,987	1,379,031	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.843760	7.230875	0.000000	342.815873	4,055.973529	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,951,906	459,985	0	1,982	31,025	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.256856	0.195851	0.000000	6.292063	91.250000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PARAMEDICAL EDUC - RAD TECH (100% RADIOLOGY)	PARAMED ED PRGM-PASTORAL (100% HOURS)		
			23.04	23.05		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-GENERAL HOSP				1.01
1.02	00102	CAP REL COSTS-WESTLAWN				1.02
1.03	00103	CAP REL COSTS-ORTHO SPORTS MED BLDG				1.03
1.04	00104	CAP REL COSTS-CDD				1.04
1.05	00105	CAP REL COSTS-IRL				1.05
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.05	00202	CAP REL COSTS-MVBLE EQUIP-IRL				2.05
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	MAINTENANCE & REPAIRS-GENERAL HOSP				6.01
6.02	00602	MAINTENANCE & REPAIRS-WESTLAWN				6.02
6.04	00604	MAINTENANCE & REPAIRS-CDD				6.04
6.05	00605	MAINTENANCE & REPAIRS-IRL				6.05
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-GENERAL HOSPITAL				9.01
9.04	00902	HOUSEKEEPING-CDD				9.04
9.05	00905	HOUSEKEEPING-IRL				9.05
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	CAFETERIA - EMPLOYEES				11.01
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 PREPARATION				16.01
16.02	01602	MEDICAL RECORDS PROCESSING				16.02
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMEDICAL EDUC - DIETARY				23.01
23.02	02302	PARAMEDICAL EDUC - PHARMACY				23.02
23.04	02304	PARAMEDICAL EDUC - RAD TECH	1,000			23.04
23.05	02305	PARAMED ED PRGM-PASTORAL	0	0		23.05
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0		35.01
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,000	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0		60.01
60.02	03140	CARDIOLOGY	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01	03540	ORTHOTIC SERVICES	0	0		63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0		63.02
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
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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PARAMEDICAL EDUC - RAD TECH (100% RADIOLOGY)	PARAMED ED PRGM-PASTORAL (100% HOURS)		
			23.04	23.05		
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.02	03951	URODYNAMICS	0	0		76.02
76.03	03952	SPINE TREATMENT CENTER	0	0		76.03
76.04	03520	OPHTHALMOLOGY	0	0		76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03956	CDC - REHAB	0	0		76.07
76.08	03957	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	FAMILY PRACTICE	0	0		90.17
90.18	09018	IOWA RIVER LANDING	0	0		90.18
90.19	09019	BURN CLINIC	0	0		90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0		90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0		90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0		90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0		90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0		90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0		90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0		90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0		90.40
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,000	0		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
190.01	19001	VENDING/PATIENT ART	0	0		190.01
190.02	19002	PATIENT TRANSPORTATION SERVICE	0	0		190.02
190.03	19003	PHARMACY HOMEGOING DRUGS	0	0		190.03
190.04	19004	OUTPATIENT & ESCORT HOUSING	0	0		190.04
190.05	19005	CLINICAL RESEARCH UNIT	0	0		190.05
190.06	19006	PATIENT EDUCATION SERVICE	0	0		190.06
190.07	19007	NON-ALLOWABLE	0	0		190.07
190.08	19008	HOSPITAL PHYSICIANS - ER, FCC	0	0		190.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PARAMEDICAL EDUC - RAD TECH (100% RADIOLOGY)	PARAMED ED PRGM-PASTORAL (100% HOURS)		
			23.04	23.05		
190.09	19009	CONTACT LENS CLINIC	0	0		190.09
190.10	19015	IRL PHYSICIANS	0	0		190.10
190.11	19011	CLINICAL FACULTY DEPARTMENT	0	0		190.11
190.12	19012	MEDICAID ADMINISTRATIVE PROJECT	0	0		190.12
190.13	19013	OTHER NON-ALLOWABLE	0	0		190.13
190.14	19014	EPIC REMOTE HOSTING	0	0		190.14
191.00	19100	RESEARCH	0	0		191.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,361,761	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,361.761000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	65,493	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	65.493000	0.000000		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-2 | Date/Time Prepared: 11/18/2014 9:28 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	-862,464	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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 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	117,777,951		117,777,951	0	117,777,951	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	11,902,877		11,902,877	0	11,902,877	31.01
32.00	03200	CORONARY CARE UNIT	7,452,041		7,452,041	0	7,452,041	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,389,972		7,389,972	0	7,389,972	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,505,574		16,505,574	0	16,505,574	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	26,774,391		26,774,391	0	26,774,391	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,041,073		11,041,073	0	11,041,073	35.01
40.00	04000	SUBPROVIDER - IPF	19,694,169		19,694,169	0	19,694,169	40.00
43.00	04300	NURSERY	2,437,781		2,437,781	0	2,437,781	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	78,922,408		78,922,408	0	78,922,408	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,355,567		5,355,567	0	5,355,567	52.00
53.00	05300	ANESTHESIOLOGY	8,871,042		8,871,042	0	8,871,042	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,784,143		30,784,143	0	30,784,143	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,341,824		10,341,824	0	10,341,824	55.00
55.01	03630	ULTRA SOUND	4,093,083		4,093,083	0	4,093,083	55.01
55.02	05501	RADIOLOGY - PET SCAN	4,868,305		4,868,305	0	4,868,305	55.02
57.00	05700	CT SCAN	5,568,042		5,568,042	0	5,568,042	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,636,421		5,636,421	0	5,636,421	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,627,255		6,627,255	0	6,627,255	59.00
60.00	06000	LABORATORY	49,598,422		49,598,422	53,802	49,652,224	60.00
60.01	06001	ANATOMICAL LABORATORY	5,936,000		5,936,000	173,916	6,109,916	60.01
60.02	03140	CARDIOLOGY	12,257,375		12,257,375	0	12,257,375	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,049,408		8,049,408	0	8,049,408	63.00
63.01	03540	ORTHOTIC SERVICES	3,541,275		3,541,275	0	3,541,275	63.01
63.02	06301	BONE MARROW TRANSPLANT	4,376,904		4,376,904	0	4,376,904	63.02
65.00	06500	RESPIRATORY THERAPY	7,769,815	0	7,769,815	0	7,769,815	65.00
66.00	06600	PHYSICAL THERAPY	6,513,864	0	6,513,864	0	6,513,864	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,520,243	0	2,520,243	0	2,520,243	67.00
69.00	06900	ELECTROCARDIOLOGY	785,851		785,851	0	785,851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,700,226		3,700,226	0	3,700,226	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,753,188		25,753,188	0	25,753,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,751,531		60,751,531	0	60,751,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	132,871,801		132,871,801	0	132,871,801	73.00
74.00	07400	RENAL DIALYSIS	9,402,332		9,402,332	0	9,402,332	74.00
75.00	07500	ASC (NON-DISTINCT PART)	18,166,489		18,166,489	0	18,166,489	75.00
76.00	03950	IVF/CULTURE LAB	3,164,875		3,164,875	0	3,164,875	76.00
76.02	03951	URODYNAMICS	681,898		681,898	0	681,898	76.02
76.03	03952	SPINE TREATMENT CENTER	1,240,729		1,240,729	0	1,240,729	76.03
76.04	03520	OPHTHALMOLOGY	2,102,422		2,102,422	0	2,102,422	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	7,001,793		7,001,793	0	7,001,793	76.05
76.06	03580	RECREATIONAL THERAPY	1,204,673		1,204,673	0	1,204,673	76.06
76.07	03956	CDC - REHAB	939,364		939,364	0	939,364	76.07
76.08	03957	DIABETES EDUCATION	787,260		787,260	0	787,260	76.08
76.97	07697	CARDIAC REHABILITATION	2,053,611		2,053,611	0	2,053,611	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	389,564		389,564	0	389,564	76.98
76.99	07699	LITHOTRIPSY	1,058,653		1,058,653	0	1,058,653	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,522,894		1,522,894	0	1,522,894	90.01
90.02	09002	DERMATOLOGY CLINIC	2,905,872		2,905,872	0	2,905,872	90.02
90.03	09003	ORAL SURGERY CLINIC	2,482,876		2,482,876	0	2,482,876	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	15,063,469		15,063,469	0	15,063,469	90.04
90.05	09005	NEUROLOGY CLINIC	2,946,185		2,946,185	0	2,946,185	90.05
90.06	09006	OB-GYN CLINIC	7,731,035		7,731,035	0	7,731,035	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,570,362		9,570,362	0	9,570,362	90.07
90.08	09008	ORTHOPAEDICS CLINIC	8,226,885		8,226,885	0	8,226,885	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	8,491,476		8,491,476	0	8,491,476	90.09
90.10	09010	PEDIATRIC CLINIC	14,009,289		14,009,289	0	14,009,289	90.10
90.11	09011	SURGERY CLINIC	7,668,962		7,668,962	0	7,668,962	90.11
90.12	09012	UROLOGY CLINIC	3,149,673		3,149,673	0	3,149,673	90.12
90.13	09013	PSYCHIATRIC CLINIC	6,847,403		6,847,403	0	6,847,403	90.13
90.14	09014	CANCER CLINIC	13,366,294		13,366,294	0	13,366,294	90.14
90.15	09015	FAMILY CARE CLINIC	6,490,303		6,490,303	0	6,490,303	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,148,654		2,148,654	0	2,148,654	90.16
90.17	09017	FAMILY PRACTICE	0		0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0		0	0	0	90.18
90.19	09019	BURN CLINIC	350,013		350,013	0	350,013	90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058

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

Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 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	
90.20	09020	IRL-CARDIOLOGY CLINIC	2,499,467		2,499,467	0	2,499,467	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	860,107		860,107	0	860,107	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	3,509,615		3,509,615	0	3,509,615	90.24
90.26	09026	IRL-OB/GYN CLINIC	3,248,711		3,248,711	0	3,248,711	90.26
90.27	09027	IRL-OPHTHALMOLOGY	1,639,448		1,639,448	0	1,639,448	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	4,759		4,759	0	4,759	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	1,016,539		1,016,539	0	1,016,539	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	2,814,505		2,814,505	0	2,814,505	90.30
90.32	09032	IRL-UROLOGY CLINIC	1,427,406		1,427,406	0	1,427,406	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	857,070		857,070	0	857,070	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	845,260		845,260	0	845,260	90.40
91.00	09100	EMERGENCY	12,924,961		12,924,961	0	12,924,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,103,065		4,103,065		4,103,065	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	853,413		853,413	0	853,413	94.00
95.00	09500	AMBULANCE SERVICES	6,845,865		6,845,865	0	6,845,865	95.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,578,597		4,578,597		4,578,597	105.00
106.00	10600	HEART ACQUISITION	1,590,327		1,590,327		1,590,327	106.00
107.00	10700	LIVER ACQUISITION	2,311,017		2,311,017		2,311,017	107.00
108.00	10800	LUNG ACQUISITION	1,188,665		1,188,665		1,188,665	108.00
109.00	10900	PANCREAS ACQUISITION	396,248		396,248		396,248	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	921,150,175	0	921,150,175	227,718	921,377,893	200.00
201.00		Less Observation Beds	4,103,065		4,103,065		4,103,065	201.00
202.00		Total (see instructions)	917,047,110	0	917,047,110	227,718	917,274,828	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 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	238,262,528		238,262,528			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	29,416,019		29,416,019			31.01
32.00	03200	CORONARY CARE UNIT	13,340,394		13,340,394			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,457,580		13,457,580			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,478,215		42,478,215			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	85,444,299		85,444,299			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	23,983,635		23,983,635			35.01
40.00	04000	SUBPROVIDER - IPF	33,387,073		33,387,073			40.00
43.00	04300	NURSERY	4,773,370		4,773,370			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	215,037,633	112,946,768	327,984,401	0.240629	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,565,785	1,084,918	17,650,703	0.303419	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	27,711,442	23,859,307	51,570,749	0.172017	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,839,183	74,300,124	108,139,307	0.284671	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,255,453	69,395,402	72,650,855	0.142350	0.000000	55.00
55.01	03630	ULTRA SOUND	4,774,808	16,560,720	21,335,528	0.191844	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	2,220,219	18,029,787	20,250,006	0.240410	0.000000	55.02
57.00	05700	CT SCAN	34,812,812	69,654,839	104,467,651	0.053299	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,512,301	68,586,821	89,099,122	0.063260	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,165,251	35,223,306	59,388,557	0.111591	0.000000	59.00
60.00	06000	LABORATORY	133,648,333	166,791,736	300,440,069	0.165086	0.000000	60.00
60.01	06001	ANATOMICAL LABORATORY	7,372,816	19,624,134	26,996,950	0.219877	0.000000	60.01
60.02	03140	CARDIOLOGY	31,778,654	27,002,733	58,781,387	0.208525	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,400,290	7,238,368	28,638,658	0.281068	0.000000	63.00
63.01	03540	ORTHOTIC SERVICES	3,559,665	4,635,649	8,195,314	0.432110	0.000000	63.01
63.02	06301	BONE MARROW TRANSPLANT	5,265,719	3,319,807	8,585,526	0.509800	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	41,158,538	1,286,620	42,445,158	0.183055	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,173,700	7,812,119	16,985,819	0.383488	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,689,397	1,451,781	7,141,178	0.352917	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	2,845,512	3,457,677	6,303,189	0.124675	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,991,004	9,189,463	17,180,467	0.215374	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,354,232	20,991,843	68,346,075	0.376806	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	102,519,528	51,660,150	154,179,678	0.394031	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	155,603,322	206,025,799	361,629,121	0.367426	0.000000	73.00
74.00	07400	RENAL DIALYSIS	11,048,651	26,738,092	37,786,743	0.248826	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,413,653	64,506,374	65,920,027	0.275584	0.000000	75.00
76.00	03950	IVF/CULTURE LAB	2,300	3,829,526	3,831,826	0.825944	0.000000	76.00
76.02	03951	URODYNAMICS	15,526	2,841,261	2,856,787	0.238694	0.000000	76.02
76.03	03952	SPINE TREATMENT CENTER	0	551,250	551,250	2.250756	0.000000	76.03
76.04	03520	OPHTHALMOLOGY	115,988	8,464,159	8,580,147	0.245033	0.000000	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	7,173,660	28,103,491	35,277,151	0.198480	0.000000	76.05
76.06	03580	RECREATIONAL THERAPY	318	558,519	558,837	2.155679	0.000000	76.06
76.07	03956	CDC - REHAB	294	1,329,368	1,329,662	0.706468	0.000000	76.07
76.08	03957	DIABETES EDUCATION	40	302,919	302,959	2.598569	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	2,581,318	1,545,843	4,127,161	0.497584	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	350,628	1,173,467	1,524,095	0.255603	0.000000	76.98
76.99	07699	LITHOTRIPSY	676,811	7,392,813	8,069,624	0.131190	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	41,141	6,639,415	6,680,556	0.227959	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	7,799	8,544,359	8,552,158	0.339782	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	5,344	3,477,613	3,482,957	0.712864	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	87,930	12,851,832	12,939,762	1.164123	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	2,294	2,733,574	2,735,868	1.076874	0.000000	90.05
90.06	09006	OB-GYN CLINIC	22,524	8,778,287	8,800,811	0.878446	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	159,345	13,997,224	14,156,569	0.676037	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	58,932	9,681,638	9,740,570	0.844600	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,502,086	10,808,572	12,310,658	0.689766	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	71,867	12,359,257	12,431,124	1.126953	0.000000	90.10
90.11	09011	SURGERY CLINIC	44,781	4,902,020	4,946,801	1.550287	0.000000	90.11
90.12	09012	UROLOGY CLINIC	94,316	6,646,528	6,740,844	0.467252	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	116,337	8,465,795	8,582,132	0.797867	0.000000	90.13
90.14	09014	CANCER CLINIC	111,805	26,420,780	26,532,585	0.503769	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	10,744	8,475,816	8,486,560	0.764774	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	22	5,512,954	5,512,976	0.389745	0.000000	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0.000000	0.000000	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0.000000	0.000000	90.18
90.19	09019	BURN CLINIC	4	418,677	418,681	0.835990	0.000000	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	32,415	4,919,486	4,951,901	0.504749	0.000000	90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 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	
90.22	09022	IRL-DERMATOLOGY CLINIC	0	1,305,508	1,305,508	0.658829	0.000000	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	3,480	4,045,779	4,049,259	0.866730	0.000000	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	5,778,523	5,778,523	0.562204	0.000000	90.26
90.27	09027	IRL-OPHTHALMOLOGY	1,446	2,029,803	2,031,249	0.807113	0.000000	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	15,554	15,554	0.305966	0.000000	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	828	1,689,006	1,689,834	0.601561	0.000000	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	161	3,157,986	3,158,147	0.891189	0.000000	90.30
90.32	09032	IRL-UROLOGY CLINIC	2,480	2,941,799	2,944,279	0.484807	0.000000	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	1,331,010	1,331,010	0.643925	0.000000	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	852,928	852,928	0.991010	0.000000	90.40
91.00	09100	EMERGENCY	32,734,398	60,052,433	92,786,831	0.139297	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	107,841	11,357,221	11,465,062	0.357876	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	141,006	7,259,897	7,400,903	0.115312	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	17,799,793	17,799,793	0.384604	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,739,850	0	8,739,850			105.00
106.00	10600	HEART ACQUISITION	4,427,000	0	4,427,000			106.00
107.00	10700	LIVER ACQUISITION	5,049,000	0	5,049,000			107.00
108.00	10800	LUNG ACQUISITION	2,386,000	0	2,386,000			108.00
109.00	10900	PANCREAS ACQUISITION	409,500	0	409,500			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,522,550,573	1,442,718,020	2,965,268,593			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,522,550,573	1,442,718,020	2,965,268,593			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 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
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			35.01
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.240629		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303419		52.00
53.00	05300	ANESTHESIOLOGY	0.172017		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284671		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142350		55.00
55.01	03630	ULTRA SOUND	0.191844		55.01
55.02	05501	RADIOLOGY - PET SCAN	0.240410		55.02
57.00	05700	CT SCAN	0.053299		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063260		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111591		59.00
60.00	06000	LABORATORY	0.165265		60.00
60.01	06001	ANATOMICAL LABORATORY	0.226319		60.01
60.02	03140	CARDIOLOGY	0.208525		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.281068		63.00
63.01	03540	ORTHOTIC SERVICES	0.432110		63.01
63.02	06301	BONE MARROW TRANSPLANT	0.509800		63.02
65.00	06500	RESPIRATORY THERAPY	0.183055		65.00
66.00	06600	PHYSICAL THERAPY	0.383488		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.352917		67.00
69.00	06900	ELECTROCARDIOLOGY	0.124675		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215374		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376806		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.394031		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367426		73.00
74.00	07400	RENAL DIALYSIS	0.248826		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.275584		75.00
76.00	03950	IVF/CULTURE LAB	0.825944		76.00
76.02	03951	URODYNAMICS	0.238694		76.02
76.03	03952	SPINE TREATMENT CENTER	2.250756		76.03
76.04	03520	OPHTHALMOLOGY	0.245033		76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0.198480		76.05
76.06	03580	RECREATIONAL THERAPY	2.155679		76.06
76.07	03956	CDC - REHAB	0.706468		76.07
76.08	03957	DIABETES EDUCATION	2.598569		76.08
76.97	07697	CARDIAC REHABILITATION	0.497584		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.255603		76.98
76.99	07699	LITHOTRIPSY	0.131190		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.227959		90.01
90.02	09002	DERMATOLOGY CLINIC	0.339782		90.02
90.03	09003	ORAL SURGERY CLINIC	0.712864		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.164123		90.04
90.05	09005	NEUROLOGY CLINIC	1.076874		90.05
90.06	09006	OB-GYN CLINIC	0.878446		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.676037		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.844600		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.689766		90.09
90.10	09010	PEDIATRIC CLINIC	1.126953		90.10
90.11	09011	SURGERY CLINIC	1.550287		90.11
90.12	09012	UROLOGY CLINIC	0.467252		90.12
90.13	09013	PSYCHIATRIC CLINIC	0.797867		90.13
90.14	09014	CANCER CLINIC	0.503769		90.14
90.15	09015	FAMILY CARE CLINIC	0.764774		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.389745		90.16
90.17	09017	FAMILY PRACTICE	0.000000		90.17
90.18	09018	IOWA RIVER LANDING	0.000000		90.18
90.19	09019	BURN CLINIC	0.835990		90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0.504749		90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0.658829		90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0.866730		90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.26	09026	IRL-OB/GYN CLINIC	0.562204		90.26
90.27	09027	IRL-OPHTHALMOLOGY	0.807113		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0.305966		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0.601561		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0.891189		90.30
90.32	09032	IRL-UROLOGY CLINIC	0.484807		90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0.643925		90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0.991010		90.40
91.00	09100	EMERGENCY	0.139297		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.357876		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.115312		94.00
95.00	09500	AMBULANCE SERVICES	0.384604		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 am

Title XIX | Hospital | Cost

		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	117,777,951		117,777,951	0	117,777,951	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	11,902,877		11,902,877	0	11,902,877	31.01
32.00	03200	CORONARY CARE UNIT	7,452,041		7,452,041	0	7,452,041	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,389,972		7,389,972	0	7,389,972	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	16,505,574		16,505,574	0	16,505,574	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	26,774,391		26,774,391	0	26,774,391	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,041,073		11,041,073	0	11,041,073	35.01
40.00	04000	SUBPROVIDER - IPF	19,694,169		19,694,169	0	19,694,169	40.00
43.00	04300	NURSERY	2,437,781		2,437,781	0	2,437,781	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	78,922,408		78,922,408	0	78,922,408	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,355,567		5,355,567	0	5,355,567	52.00
53.00	05300	ANESTHESIOLOGY	8,871,042		8,871,042	0	8,871,042	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,784,143		30,784,143	0	30,784,143	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,341,824		10,341,824	0	10,341,824	55.00
55.01	03630	ULTRA SOUND	4,093,083		4,093,083	0	4,093,083	55.01
55.02	05501	RADIOLOGY - PET SCAN	4,868,305		4,868,305	0	4,868,305	55.02
57.00	05700	CT SCAN	5,568,042		5,568,042	0	5,568,042	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,636,421		5,636,421	0	5,636,421	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,627,255		6,627,255	0	6,627,255	59.00
60.00	06000	LABORATORY	49,598,422		49,598,422	53,802	49,652,224	60.00
60.01	06001	ANATOMICAL LABORATORY	5,936,000		5,936,000	173,916	6,109,916	60.01
60.02	03140	CARDIOLOGY	12,257,375		12,257,375	0	12,257,375	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,049,408		8,049,408	0	8,049,408	63.00
63.01	03540	ORTHOTIC SERVICES	3,541,275		3,541,275	0	3,541,275	63.01
63.02	06301	BONE MARROW TRANSPLANT	4,376,904		4,376,904	0	4,376,904	63.02
65.00	06500	RESPIRATORY THERAPY	7,769,815	0	7,769,815	0	7,769,815	65.00
66.00	06600	PHYSICAL THERAPY	6,513,864	0	6,513,864	0	6,513,864	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,520,243	0	2,520,243	0	2,520,243	67.00
69.00	06900	ELECTROCARDIOLOGY	785,851		785,851	0	785,851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,700,226		3,700,226	0	3,700,226	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,753,188		25,753,188	0	25,753,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,751,531		60,751,531	0	60,751,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	132,871,801		132,871,801	0	132,871,801	73.00
74.00	07400	RENAL DIALYSIS	9,402,332		9,402,332	0	9,402,332	74.00
75.00	07500	ASC (NON-DISTINCT PART)	18,166,489		18,166,489	0	18,166,489	75.00
76.00	03950	IVF/CULTURE LAB	3,164,875		3,164,875	0	3,164,875	76.00
76.02	03951	URODYNAMICS	681,898		681,898	0	681,898	76.02
76.03	03952	SPINE TREATMENT CENTER	1,240,729		1,240,729	0	1,240,729	76.03
76.04	03520	OPHTHALMOLOGY	2,102,422		2,102,422	0	2,102,422	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	7,001,793		7,001,793	0	7,001,793	76.05
76.06	03580	RECREATIONAL THERAPY	1,204,673		1,204,673	0	1,204,673	76.06
76.07	03956	CDC - REHAB	939,364		939,364	0	939,364	76.07
76.08	03957	DIABETES EDUCATION	787,260		787,260	0	787,260	76.08
76.97	07697	CARDIAC REHABILITATION	2,053,611		2,053,611	0	2,053,611	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	389,564		389,564	0	389,564	76.98
76.99	07699	LITHOTRIPSY	1,058,653		1,058,653	0	1,058,653	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	1,522,894		1,522,894	0	1,522,894	90.01
90.02	09002	DERMATOLOGY CLINIC	2,905,872		2,905,872	0	2,905,872	90.02
90.03	09003	ORAL SURGERY CLINIC	2,482,876		2,482,876	0	2,482,876	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	15,063,469		15,063,469	0	15,063,469	90.04
90.05	09005	NEUROLOGY CLINIC	2,946,185		2,946,185	0	2,946,185	90.05
90.06	09006	OB-GYN CLINIC	7,731,035		7,731,035	0	7,731,035	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,570,362		9,570,362	0	9,570,362	90.07
90.08	09008	ORTHOPAEDICS CLINIC	8,226,885		8,226,885	0	8,226,885	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	8,491,476		8,491,476	0	8,491,476	90.09
90.10	09010	PEDIATRIC CLINIC	14,009,289		14,009,289	0	14,009,289	90.10
90.11	09011	SURGERY CLINIC	7,668,962		7,668,962	0	7,668,962	90.11
90.12	09012	UROLOGY CLINIC	3,149,673		3,149,673	0	3,149,673	90.12
90.13	09013	PSYCHIATRIC CLINIC	6,847,403		6,847,403	0	6,847,403	90.13
90.14	09014	CANCER CLINIC	13,366,294		13,366,294	0	13,366,294	90.14
90.15	09015	FAMILY CARE CLINIC	6,490,303		6,490,303	0	6,490,303	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	2,148,654		2,148,654	0	2,148,654	90.16
90.17	09017	FAMILY PRACTICE	0		0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0		0	0	0	90.18
90.19	09019	BURN CLINIC	350,013		350,013	0	350,013	90.19

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058

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

Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.20	09020	IRL-CARDIOLOGY CLINIC	2,499,467		2,499,467	0	2,499,467	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	860,107		860,107	0	860,107	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	3,509,615		3,509,615	0	3,509,615	90.24
90.26	09026	IRL-OB/GYN CLINIC	3,248,711		3,248,711	0	3,248,711	90.26
90.27	09027	IRL-OPHTHALMOLOGY	1,639,448		1,639,448	0	1,639,448	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	4,759		4,759	0	4,759	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	1,016,539		1,016,539	0	1,016,539	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	2,814,505		2,814,505	0	2,814,505	90.30
90.32	09032	IRL-UROLOGY CLINIC	1,427,406		1,427,406	0	1,427,406	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	857,070		857,070	0	857,070	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	845,260		845,260	0	845,260	90.40
91.00	09100	EMERGENCY	12,924,961		12,924,961	0	12,924,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,103,065		4,103,065		4,103,065	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	853,413		853,413	0	853,413	94.00
95.00	09500	AMBULANCE SERVICES	6,845,865		6,845,865	0	6,845,865	95.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,578,597		4,578,597		4,578,597	105.00
106.00	10600	HEART ACQUISITION	1,590,327		1,590,327		1,590,327	106.00
107.00	10700	LIVER ACQUISITION	2,311,017		2,311,017		2,311,017	107.00
108.00	10800	LUNG ACQUISITION	1,188,665		1,188,665		1,188,665	108.00
109.00	10900	PANCREAS ACQUISITION	396,248		396,248		396,248	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	921,150,175	0	921,150,175	227,718	921,377,893	200.00
201.00		Less Observation Beds	4,103,065		4,103,065		4,103,065	201.00
202.00		Total (see instructions)	917,047,110	0	917,047,110	227,718	917,274,828	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 am

Title XIX | Hospital | Cost

		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	238,262,528		238,262,528			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	29,416,019		29,416,019			31.01
32.00	03200	CORONARY CARE UNIT	13,340,394		13,340,394			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,457,580		13,457,580			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,478,215		42,478,215			34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	85,444,299		85,444,299			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	23,983,635		23,983,635			35.01
40.00	04000	SUBPROVIDER - IPF	33,387,073		33,387,073			40.00
43.00	04300	NURSERY	4,773,370		4,773,370			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	215,037,633	112,946,768	327,984,401	0.240629	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,565,785	1,084,918	17,650,703	0.303419	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	27,711,442	23,859,307	51,570,749	0.172017	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,839,183	74,300,124	108,139,307	0.284671	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,255,453	69,395,402	72,650,855	0.142350	0.000000	55.00
55.01	03630	ULTRA SOUND	4,774,808	16,560,720	21,335,528	0.191844	0.000000	55.01
55.02	05501	RADIOLOGY - PET SCAN	2,220,219	18,029,787	20,250,006	0.240410	0.000000	55.02
57.00	05700	CT SCAN	34,812,812	69,654,839	104,467,651	0.053299	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,512,301	68,586,821	89,099,122	0.063260	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,165,251	35,223,306	59,388,557	0.111591	0.000000	59.00
60.00	06000	LABORATORY	133,648,333	166,791,736	300,440,069	0.165086	0.000000	60.00
60.01	06001	ANATOMICAL LABORATORY	7,372,816	19,624,134	26,996,950	0.219877	0.000000	60.01
60.02	03140	CARDIOLOGY	31,778,654	27,002,733	58,781,387	0.208525	0.000000	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,400,290	7,238,368	28,638,658	0.281068	0.000000	63.00
63.01	03540	ORTHOTIC SERVICES	3,559,665	4,635,649	8,195,314	0.432110	0.000000	63.01
63.02	06301	BONE MARROW TRANSPLANT	5,265,719	3,319,807	8,585,526	0.509800	0.000000	63.02
65.00	06500	RESPIRATORY THERAPY	41,158,538	1,286,620	42,445,158	0.183055	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,173,700	7,812,119	16,985,819	0.383488	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,689,397	1,451,781	7,141,178	0.352917	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	2,845,512	3,457,677	6,303,189	0.124675	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,991,004	9,189,463	17,180,467	0.215374	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,354,232	20,991,843	68,346,075	0.376806	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	102,519,528	51,660,150	154,179,678	0.394031	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	155,603,322	206,025,799	361,629,121	0.367426	0.000000	73.00
74.00	07400	RENAL DIALYSIS	11,048,651	26,738,092	37,786,743	0.248826	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,413,653	64,506,374	65,920,027	0.275584	0.000000	75.00
76.00	03950	IVF/CULTURE LAB	2,300	3,829,526	3,831,826	0.825944	0.000000	76.00
76.02	03951	URODYNAMICS	15,526	2,841,261	2,856,787	0.238694	0.000000	76.02
76.03	03952	SPINE TREATMENT CENTER	0	551,250	551,250	2.250756	0.000000	76.03
76.04	03520	OPHTHALMOLOGY	115,988	8,464,159	8,580,147	0.245033	0.000000	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	7,173,660	28,103,491	35,277,151	0.198480	0.000000	76.05
76.06	03580	RECREATIONAL THERAPY	318	558,519	558,837	2.155679	0.000000	76.06
76.07	03956	CDC - REHAB	294	1,329,368	1,329,662	0.706468	0.000000	76.07
76.08	03957	DIABETES EDUCATION	40	302,919	302,959	2.598569	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	2,581,318	1,545,843	4,127,161	0.497584	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	350,628	1,173,467	1,524,095	0.255603	0.000000	76.98
76.99	07699	LITHOTRIPSY	676,811	7,392,813	8,069,624	0.131190	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	41,141	6,639,415	6,680,556	0.227959	0.000000	90.01
90.02	09002	DERMATOLOGY CLINIC	7,799	8,544,359	8,552,158	0.339782	0.000000	90.02
90.03	09003	ORAL SURGERY CLINIC	5,344	3,477,613	3,482,957	0.712864	0.000000	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	87,930	12,851,832	12,939,762	1.164123	0.000000	90.04
90.05	09005	NEUROLOGY CLINIC	2,294	2,733,574	2,735,868	1.076874	0.000000	90.05
90.06	09006	OB-GYN CLINIC	22,524	8,778,287	8,800,811	0.878446	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	159,345	13,997,224	14,156,569	0.676037	0.000000	90.07
90.08	09008	ORTHOPAEDICS CLINIC	58,932	9,681,638	9,740,570	0.844600	0.000000	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	1,502,086	10,808,572	12,310,658	0.689766	0.000000	90.09
90.10	09010	PEDIATRIC CLINIC	71,867	12,359,257	12,431,124	1.126953	0.000000	90.10
90.11	09011	SURGERY CLINIC	44,781	4,902,020	4,946,801	1.550287	0.000000	90.11
90.12	09012	UROLOGY CLINIC	94,316	6,646,528	6,740,844	0.467252	0.000000	90.12
90.13	09013	PSYCHIATRIC CLINIC	116,337	8,465,795	8,582,132	0.797867	0.000000	90.13
90.14	09014	CANCER CLINIC	111,805	26,420,780	26,532,585	0.503769	0.000000	90.14
90.15	09015	FAMILY CARE CLINIC	10,744	8,475,816	8,486,560	0.764774	0.000000	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	22	5,512,954	5,512,976	0.389745	0.000000	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0.000000	0.000000	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0.000000	0.000000	90.18
90.19	09019	BURN CLINIC	4	418,677	418,681	0.835990	0.000000	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	32,415	4,919,486	4,951,901	0.504749	0.000000	90.20

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.22	09022	IRL-DERMATOLOGY CLINIC	0	1,305,508	1,305,508	0.658829	0.000000	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	3,480	4,045,779	4,049,259	0.866730	0.000000	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	5,778,523	5,778,523	0.562204	0.000000	90.26
90.27	09027	IRL-OPHTHALMOLOGY	1,446	2,029,803	2,031,249	0.807113	0.000000	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	15,554	15,554	0.305966	0.000000	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	828	1,689,006	1,689,834	0.601561	0.000000	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	161	3,157,986	3,158,147	0.891189	0.000000	90.30
90.32	09032	IRL-UROLOGY CLINIC	2,480	2,941,799	2,944,279	0.484807	0.000000	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	1,331,010	1,331,010	0.643925	0.000000	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	852,928	852,928	0.991010	0.000000	90.40
91.00	09100	EMERGENCY	32,734,398	60,052,433	92,786,831	0.139297	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	107,841	11,357,221	11,465,062	0.357876	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	141,006	7,259,897	7,400,903	0.115312	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	17,799,793	17,799,793	0.384604	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,739,850	0	8,739,850			105.00
106.00	10600	HEART ACQUISITION	4,427,000	0	4,427,000			106.00
107.00	10700	LIVER ACQUISITION	5,049,000	0	5,049,000			107.00
108.00	10800	LUNG ACQUISITION	2,386,000	0	2,386,000			108.00
109.00	10900	PANCREAS ACQUISITION	409,500	0	409,500			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,522,550,573	1,442,718,020	2,965,268,593			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,522,550,573	1,442,718,020	2,965,268,593			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				35.01
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000			50.00
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
55.01	03630	ULTRA SOUND	0.000000			55.01
55.02	05501	RADIOLOGY - PET SCAN	0.000000			55.02
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	ANATOMICAL LABORATORY	0.000000			60.01
60.02	03140	CARDIOLOGY	0.000000			60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
63.01	03540	ORTHOTIC SERVICES	0.000000			63.01
63.02	06301	BONE MARROW TRANSPLANT	0.000000			63.02
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
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	IVF/CULTURE LAB	0.000000			76.00
76.02	03951	URODYNAMICS	0.000000			76.02
76.03	03952	SPINE TREATMENT CENTER	0.000000			76.03
76.04	03520	OPHTHALMOLOGY	0.000000			76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0.000000			76.05
76.06	03580	RECREATIONAL THERAPY	0.000000			76.06
76.07	03956	CDC - REHAB	0.000000			76.07
76.08	03957	DIABETES EDUCATION	0.000000			76.08
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.000000			90.01
90.02	09002	DERMATOLOGY CLINIC	0.000000			90.02
90.03	09003	ORAL SURGERY CLINIC	0.000000			90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0.000000			90.04
90.05	09005	NEUROLOGY CLINIC	0.000000			90.05
90.06	09006	OB-GYN CLINIC	0.000000			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000			90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.000000			90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.000000			90.09
90.10	09010	PEDIATRIC CLINIC	0.000000			90.10
90.11	09011	SURGERY CLINIC	0.000000			90.11
90.12	09012	UROLOGY CLINIC	0.000000			90.12
90.13	09013	PSYCHIATRIC CLINIC	0.000000			90.13
90.14	09014	CANCER CLINIC	0.000000			90.14
90.15	09015	FAMILY CARE CLINIC	0.000000			90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.000000			90.16
90.17	09017	FAMILY PRACTICE	0.000000			90.17
90.18	09018	IOWA RIVER LANDING	0.000000			90.18
90.19	09019	BURN CLINIC	0.000000			90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0.000000			90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0.000000			90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0.000000			90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/18/2014 9:28 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
90.26	09026	IRL-OB/GYN CLINIC	0.000000		90.26
90.27	09027	IRL-OPHTHALMOLOGY	0.000000		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0.000000		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0.000000		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0.000000		90.30
90.32	09032	IRL-UROLOGY CLINIC	0.000000		90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0.000000		90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0.000000		90.40
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part I Date/Time Prepared: 11/18/2014 9:28 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	8,157,957	0	8,157,957	122,024	66.86	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	MEDICAL INTENSIVE CARE UNIT	821,233		821,233	6,581	124.79	31.01
32.00	CORONARY CARE UNIT	771,431		771,431	3,207	240.55	32.00
33.00	BURN INTENSIVE CARE UNIT	583,422		583,422	4,883	119.48	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	875,795		875,795	9,434	92.83	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,455,080		1,455,080	21,518	67.62	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	701,556		701,556	4,922	142.53	35.01
40.00	SUBPROVIDER - IPF	1,086,793	0	1,086,793	25,953	41.88	40.00
43.00	NURSERY	83,233		83,233	3,536	23.54	43.00
200.00	Total (lines 30-199)	14,536,500		14,536,500	202,058		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	40,046	2,677,476	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
31.01	MEDICAL INTENSIVE CARE UNIT	2,359	294,380	31.01
32.00	CORONARY CARE UNIT	1,395	335,567	32.00
33.00	BURN INTENSIVE CARE UNIT	83	9,917	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,492	324,162	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	20	1,352	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	6	855	35.01
40.00	SUBPROVIDER - IPF	7,605	318,497	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	55,006	3,962,206	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 11/18/2014 9:28 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	6,745,969	327,984,401	0.020568	61,778,772	1,270,666	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	438,885	17,650,703	0.024865	162,892	4,050	52.00
53.00	05300	ANESTHESIOLOGY	1,357,109	51,570,749	0.026315	7,411,615	195,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,321,845	108,139,307	0.058460	11,232,259	656,638	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,142,776	72,650,855	0.015730	899,647	14,151	55.00
55.01	03630	ULTRA SOUND	754,209	21,335,528	0.035350	1,115,647	39,438	55.01
55.02	05501	RADIOLOGY - PET SCAN	987,857	20,250,006	0.048783	907,865	44,288	55.02
57.00	05700	CT SCAN	924,017	104,467,651	0.008845	13,204,453	116,793	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,442,459	89,099,122	0.016189	6,811,448	110,271	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,857,692	59,388,557	0.031280	10,032,041	313,802	59.00
60.00	06000	LABORATORY	3,264,230	300,440,069	0.010865	39,883,248	433,331	60.00
60.01	06001	ANATOMICAL LABORATORY	666,152	26,996,950	0.024675	2,305,386	56,885	60.01
60.02	03140	CARDIOLOGY	1,638,117	58,781,387	0.027868	9,458,217	263,582	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	377,277	28,638,658	0.013174	5,134,821	67,646	63.00
63.01	03540	ORTHOTIC SERVICES	108,832	8,195,314	0.013280	829,950	11,022	63.01
63.02	06301	BONE MARROW TRANSPLANT	252,055	8,585,526	0.029358	662,136	19,439	63.02
65.00	06500	RESPIRATORY THERAPY	676,738	42,445,158	0.015944	9,087,031	144,884	65.00
66.00	06600	PHYSICAL THERAPY	277,633	16,985,819	0.016345	3,487,397	57,002	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,216	7,141,178	0.012913	1,699,156	21,941	67.00
69.00	06900	ELECTROCARDIOLOGY	67,397	6,303,189	0.010693	1,221,036	13,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303,143	17,180,467	0.017645	2,070,577	36,535	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	501,257	68,346,075	0.007334	13,543,166	99,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,175,976	154,179,678	0.007627	34,245,322	261,189	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,778,459	361,629,121	0.010448	39,965,957	417,564	73.00
74.00	07400	RENAL DIALYSIS	907,318	37,786,743	0.024012	4,582,334	110,031	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,134,810	65,920,027	0.032385	337,160	10,919	75.00
76.00	03950	IVF/CULTURE LAB	269,128	3,831,826	0.070235	0	0	76.00
76.02	03951	URODYNAMICS	92,950	2,856,787	0.032537	15,526	505	76.02
76.03	03952	SPINE TREATMENT CENTER	100,670	551,250	0.182621	0	0	76.03
76.04	03520	OPHTHALMOLOGY	149,097	8,580,147	0.017377	40,459	703	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	611,365	35,277,151	0.017330	2,724,223	47,211	76.05
76.06	03580	RECREATIONAL THERAPY	105,056	558,837	0.187990	0	0	76.06
76.07	03956	CDC - REHAB	50,548	1,329,662	0.038016	294	11	76.07
76.08	03957	DIABETES EDUCATION	70,147	302,959	0.231540	40	9	76.08
76.97	07697	CARDIAC REHABILITATION	250,265	4,127,161	0.060639	1,122,655	68,077	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,569	1,524,095	0.025962	55,807	1,449	76.98
76.99	07699	LITHOTRIPSY	187,461	8,069,624	0.023230	329,533	7,655	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	138,896	6,680,556	0.020791	18,120	377	90.01
90.02	09002	DERMATOLOGY CLINIC	324,122	8,552,158	0.037899	7,799	296	90.02
90.03	09003	ORAL SURGERY CLINIC	377,475	3,482,957	0.108378	54	6	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,335,347	12,939,762	0.103197	31,059	3,205	90.04
90.05	09005	NEUROLOGY CLINIC	370,515	2,735,868	0.135429	2,151	291	90.05
90.06	09006	OB-GYN CLINIC	769,059	8,800,811	0.087385	1,952	171	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	911,432	14,156,569	0.064382	20,702	1,333	90.07
90.08	09008	ORTHOPAEDICS CLINIC	735,002	9,740,570	0.075458	14,381	1,085	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	935,942	12,310,658	0.076027	579,713	44,074	90.09
90.10	09010	PEDIATRIC CLINIC	1,083,140	12,431,124	0.087131	878	77	90.10
90.11	09011	SURGERY CLINIC	777,413	4,946,801	0.157155	21,795	3,425	90.11
90.12	09012	UROLOGY CLINIC	324,898	6,740,844	0.048198	85,847	4,138	90.12
90.13	09013	PSYCHIATRIC CLINIC	594,349	8,582,132	0.069254	21,650	1,499	90.13
90.14	09014	CANCER CLINIC	1,433,191	26,532,585	0.054016	111,805	6,039	90.14
90.15	09015	FAMILY CARE CLINIC	702,116	8,486,560	0.082733	10,744	889	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	303,670	5,512,976	0.055083	22	1	90.16
90.17	09017	FAMILY PRACTICE	0	0	0.000000	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	20,901	418,681	0.049921	4	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	671,242	4,951,901	0.135552	32,415	4,394	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	244,053	1,305,508	0.186941	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	724,448	4,049,259	0.178909	3,480	623	90.24
90.26	09026	IRL-OB/GYN CLINIC	832,341	5,778,523	0.144040	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	400,128	2,031,249	0.196986	1,446	285	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	1,356	15,554	0.087180	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	273,534	1,689,834	0.161870	828	134	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	603,500	3,158,147	0.191093	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	378,039	2,944,279	0.128398	2,480	318	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	227,088	1,331,010	0.170613	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	174,730	852,928	0.204859	0	0	90.40

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 11/18/2014 9:28 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	
91.00	09100	EMERGENCY	1,212,621	92,786,831	0.013069	13,326,394	174,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	284,203	11,465,062	0.024789	107,841	2,673	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	106,041	7,400,903	0.014328	69,048	989	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	57,391,476	2,441,914,337		300,830,678	5,165,592	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160058

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

Worksheet D Part III Date/Time Prepared: 11/18/2014 9:28 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	0	396,803	0	0	396,803	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	0	119,052	0		119,052	31.01
32.00	03200	CORONARY CARE UNIT	0	49,130	0		49,130	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	62,269	0		62,269	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	24,452	0		24,452	34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	29,478	0		29,478	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	169,723	0		169,723	35.01
40.00	04000	SUBPROVIDER - IPF	0	125,735	0	0	125,735	40.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	976,642	0		976,642	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	122,024	3.25	40,046	130,150		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT	6,581	18.09	2,359	42,674		31.01
32.00	03200	CORONARY CARE UNIT	3,207	15.32	1,395	21,371		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,883	12.75	83	1,058		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,434	2.59	3,492	9,044		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	21,518	1.37	20	27		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,922	34.48	6	207		35.01
40.00	04000	SUBPROVIDER - IPF	25,953	4.84	7,605	36,808		40.00
43.00	04300	NURSERY	3,536	0.00	0	0		43.00
200.00		Total (lines 30-199)	202,058		55,006	241,339		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/18/2014 9:28 am

		Cost Center Description	Title XVIII Non Physician Anesthetist Cost	Title XVIII Nursing School	Title XVIII Allied Health	Hospital All Other Medical Education Cost	PPS Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,361,761	0	1,361,761	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,142	0	5,142	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	105,455	0	105,455	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	0	0	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	0	0	63.02
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
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	3,085	0	3,085	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03951	URODYNAMICS	0	0	0	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03956	CDC - REHAB	0	0	0	0	0	76.07
76.08	03957	DIABETES EDUCATION	0	0	4,799	0	4,799	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	20,280	0	20,280	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	202,799	0	202,799	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	5,142	0	5,142	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	32,448	0	32,448	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	16,224	0	16,224	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.40
91.00	09100	EMERGENCY	0	0	85,175	0	85,175	91.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160058

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

Worksheet D Part IV Date/Time Prepared: 11/18/2014 9:28 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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	13,823	0	13,823	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	1,856,133	0	1,856,133	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/18/2014 9:28 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	0	327,984,401	0.000000	0.000000	61,778,772	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,650,703	0.000000	0.000000	162,892	52.00
53.00	05300	ANESTHESIOLOGY	0	51,570,749	0.000000	0.000000	7,411,615	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,361,761	108,139,307	0.012593	0.012593	11,232,259	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,142	72,650,855	0.000071	0.000071	899,647	55.00
55.01	03630	ULTRA SOUND	0	21,335,528	0.000000	0.000000	1,115,647	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	20,250,006	0.000000	0.000000	907,865	55.02
57.00	05700	CT SCAN	0	104,467,651	0.000000	0.000000	13,204,453	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	89,099,122	0.000000	0.000000	6,811,448	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59,388,557	0.000000	0.000000	10,032,041	59.00
60.00	06000	LABORATORY	0	300,440,069	0.000000	0.000000	39,883,248	60.00
60.01	06001	ANATOMICAL LABORATORY	0	26,996,950	0.000000	0.000000	2,305,386	60.01
60.02	03140	CARDIOLOGY	105,455	58,781,387	0.001794	0.001794	9,458,217	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	28,638,658	0.000000	0.000000	5,134,821	63.00
63.01	03540	ORTHOTIC SERVICES	0	8,195,314	0.000000	0.000000	829,950	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	8,585,526	0.000000	0.000000	662,136	63.02
65.00	06500	RESPIRATORY THERAPY	0	42,445,158	0.000000	0.000000	9,087,031	65.00
66.00	06600	PHYSICAL THERAPY	0	16,985,819	0.000000	0.000000	3,487,397	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,141,178	0.000000	0.000000	1,699,156	67.00
69.00	06900	ELECTROCARDIOLOGY	0	6,303,189	0.000000	0.000000	1,221,036	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,180,467	0.000000	0.000000	2,070,577	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	68,346,075	0.000000	0.000000	13,543,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	154,179,678	0.000000	0.000000	34,245,322	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	361,629,121	0.000000	0.000000	39,965,957	73.00
74.00	07400	RENAL DIALYSIS	3,085	37,786,743	0.000082	0.000082	4,582,334	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	65,920,027	0.000000	0.000000	337,160	75.00
76.00	03950	IVF/CULTURE LAB	0	3,831,826	0.000000	0.000000	0	76.00
76.02	03951	URODYNAMICS	0	2,856,787	0.000000	0.000000	15,526	76.02
76.03	03952	SPINE TREATMENT CENTER	0	551,250	0.000000	0.000000	0	76.03
76.04	03520	OPHTHALMOLOGY	0	8,580,147	0.000000	0.000000	40,459	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	35,277,151	0.000000	0.000000	2,724,223	76.05
76.06	03580	RECREATIONAL THERAPY	0	558,837	0.000000	0.000000	0	76.06
76.07	03956	CDC - REHAB	0	1,329,662	0.000000	0.000000	294	76.07
76.08	03957	DIABETES EDUCATION	4,799	302,959	0.015840	0.015840	40	76.08
76.97	07697	CARDIAC REHABILITATION	0	4,127,161	0.000000	0.000000	1,122,655	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,524,095	0.000000	0.000000	55,807	76.98
76.99	07699	LITHOTRIPSY	0	8,069,624	0.000000	0.000000	329,533	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	20,280	6,680,556	0.003036	0.003036	18,120	90.01
90.02	09002	DERMATOLOGY CLINIC	0	8,552,158	0.000000	0.000000	7,799	90.02
90.03	09003	ORAL SURGERY CLINIC	0	3,482,957	0.000000	0.000000	54	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	202,799	12,939,762	0.015673	0.015673	31,059	90.04
90.05	09005	NEUROLOGY CLINIC	0	2,735,868	0.000000	0.000000	2,151	90.05
90.06	09006	OB-GYN CLINIC	0	8,800,811	0.000000	0.000000	1,952	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	14,156,569	0.000000	0.000000	20,702	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	9,740,570	0.000000	0.000000	14,381	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	12,310,658	0.000000	0.000000	579,713	90.09
90.10	09010	PEDIATRIC CLINIC	5,142	12,431,124	0.000414	0.000414	878	90.10
90.11	09011	SURGERY CLINIC	0	4,946,801	0.000000	0.000000	21,795	90.11
90.12	09012	UROLOGY CLINIC	0	6,740,844	0.000000	0.000000	85,847	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	8,582,132	0.000000	0.000000	21,650	90.13
90.14	09014	CANCER CLINIC	0	26,532,585	0.000000	0.000000	111,805	90.14
90.15	09015	FAMILY CARE CLINIC	32,448	8,486,560	0.003823	0.003823	10,744	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	5,512,976	0.000000	0.000000	22	90.16
90.17	09017	FAMILY PRACTICE	0	0	0.000000	0.000000	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0.000000	0.000000	0	90.18
90.19	09019	BURN CLINIC	0	418,681	0.000000	0.000000	4	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	4,951,901	0.000000	0.000000	32,415	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	1,305,508	0.000000	0.000000	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	16,224	4,049,259	0.004007	0.004007	3,480	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	5,778,523	0.000000	0.000000	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	2,031,249	0.000000	0.000000	1,446	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	15,554	0.000000	0.000000	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	1,689,834	0.000000	0.000000	828	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	3,158,147	0.000000	0.000000	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	2,944,279	0.000000	0.000000	2,480	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	1,331,010	0.000000	0.000000	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	852,928	0.000000	0.000000	0	90.40

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/18/2014 9:28 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	
91.00	09100	EMERGENCY	85,175	92,786,831	0.000918	0.000918	13,326,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,823	11,465,062	0.001206	0.001206	107,841	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	7,400,903	0.000000	0.000000	69,048	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,856,133	2,441,914,337			300,830,678	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/18/2014 9:28 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)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	22,044,703	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,365	0		52.00
53.00	05300	ANESTHESIOLOGY	0	4,040,923	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	141,448	18,010,250	226,803		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	64	20,400,050	1,448		55.00
55.01	03630	ULTRA SOUND	0	2,116,864	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	5,794,746	0		55.02
57.00	05700	CT SCAN	0	21,694,165	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,984,091	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,856,140	0		59.00
60.00	06000	LABORATORY	0	17,282,864	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	3,761,429	0		60.01
60.02	03140	CARDIOLOGY	16,968	6,686,751	11,996		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,202,161	0		63.00
63.01	03540	ORTHOTIC SERVICES	0	118,335	0		63.01
63.02	06301	BONE MARROW TRANSPLANT	0	98,284	0		63.02
65.00	06500	RESPIRATORY THERAPY	0	192,567	0		65.00
66.00	06600	PHYSICAL THERAPY	0	221	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	38,962	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	987,481	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,367,283	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,356,060	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,094,044	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,007,184	0		73.00
74.00	07400	RENAL DIALYSIS	376	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,202,482	0		75.00
76.00	03950	IVF/CULTURE LAB	0	3,828	0		76.00
76.02	03951	URODYNAMICS	0	757,610	0		76.02
76.03	03952	SPINE TREATMENT CENTER	0	24,800	0		76.03
76.04	03520	OPHTHALMOLOGY	0	3,485,146	0		76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	7,819,208	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	53,106	0		76.06
76.07	03956	CDC - REHAB	0	99,265	0		76.07
76.08	03957	DIABETES EDUCATION	1	13,396	212		76.08
76.97	07697	CARDIAC REHABILITATION	0	545,804	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	684,465	0		76.98
76.99	07699	LITHOTRIPSY	0	2,276,177	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	55	1,819,630	5,524		90.01
90.02	09002	DERMATOLOGY CLINIC	0	3,106,993	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	302,762	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	487	4,291,814	67,266		90.04
90.05	09005	NEUROLOGY CLINIC	0	505,415	0		90.05
90.06	09006	OB-GYN CLINIC	0	1,010,359	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	5,960,485	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	2,132,559	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	2,442,720	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	1,474,698	611		90.10
90.11	09011	SURGERY CLINIC	0	795,187	0		90.11
90.12	09012	UROLOGY CLINIC	0	2,638,388	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	1,537,666	0		90.13
90.14	09014	CANCER CLINIC	0	9,108,639	0		90.14
90.15	09015	FAMILY CARE CLINIC	41	192,178	735		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	707,359	0		90.16
90.17	09017	FAMILY PRACTICE	0	0	0		90.17
90.18	09018	IOWA RIVER LANDING	0	0	0		90.18
90.19	09019	BURN CLINIC	0	74,632	0		90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	1,443,272	0		90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	233,236	0		90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	14	94,683	379		90.24
90.26	09026	IRL-OB/GYN CLINIC	0	396,484	0		90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	620,143	0		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	1,250	0		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	143,405	0		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	66	0		90.30
90.32	09032	IRL-UROLOGY CLINIC	0	659,546	0		90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	127,627	0		90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	92,701	0		90.40

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/18/2014 9:28 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)		
			11.00	12.00	13.00		
91.00	09100	EMERGENCY	12,234	7,376,416	6,772		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	130	2,187,832	2,639		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	171,818	317,590,355	324,385		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/18/2014 9:28 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	0.240629	22,044,703	1,493,077	0	5,304,595	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303419	11,365	0	0	3,448	52.00
53.00	05300	ANESTHESIOLOGY	0.172017	4,040,923	0	0	695,107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284671	18,010,250	0	0	5,126,996	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142350	20,400,050	0	0	2,903,947	55.00
55.01	03630	ULTRA SOUND	0.191844	2,116,864	0	0	406,108	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.240410	5,794,746	0	0	1,393,115	55.02
57.00	05700	CT SCAN	0.053299	21,694,165	0	0	1,156,277	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063260	13,984,091	0	0	884,634	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111591	9,856,140	0	0	1,099,857	59.00
60.00	06000	LABORATORY	0.165086	17,282,864	67,769	0	2,853,159	60.00
60.01	06001	ANATOMICAL LABORATORY	0.219877	3,761,429	0	0	827,052	60.01
60.02	03140	CARDIOLOGY	0.208525	6,686,751	0	0	1,394,355	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.281068	1,202,161	6,321	0	337,889	63.00
63.01	03540	ORTHOTIC SERVICES	0.432110	118,335	0	0	51,134	63.01
63.02	06301	BONE MARROW TRANSPLANT	0.509800	98,284	0	0	50,105	63.02
65.00	06500	RESPIRATORY THERAPY	0.183055	192,567	0	0	35,250	65.00
66.00	06600	PHYSICAL THERAPY	0.383488	221	0	0	85	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.352917	38,962	0	0	13,750	67.00
69.00	06900	ELECTROCARDIOLOGY	0.124675	987,481	0	0	123,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215374	1,367,283	0	0	294,477	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376806	5,356,060	4,613	0	2,018,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.394031	17,094,044	0	0	6,735,583	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367426	68,007,184	400,060	0	24,987,608	73.00
74.00	07400	RENAL DIALYSIS	0.248826	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.275584	10,202,482	0	0	2,811,641	75.00
76.00	03950	IVF/CULTURE LAB	0.825944	3,828	0	0	3,162	76.00
76.02	03951	URODYNAMICS	0.238694	757,610	0	0	180,837	76.02
76.03	03952	SPINE TREATMENT CENTER	2.250756	24,800	0	0	55,819	76.03
76.04	03520	OPHTHALMOLOGY	0.245033	3,485,146	0	0	853,976	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0.198480	7,819,208	0	0	1,551,956	76.05
76.06	03580	RECREATIONAL THERAPY	2.155679	53,106	0	0	114,479	76.06
76.07	03956	CDC - REHAB	0.706468	99,265	0	0	70,128	76.07
76.08	03957	DIABETES EDUCATION	2.598569	13,396	0	0	34,810	76.08
76.97	07697	CARDIAC REHABILITATION	0.497584	545,804	0	0	271,583	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.255603	684,465	0	0	174,951	76.98
76.99	07699	LITHOTRIPSY	0.131190	2,276,177	0	0	298,612	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.227959	1,819,630	0	0	414,801	90.01
90.02	09002	DERMATOLOGY CLINIC	0.339782	3,106,993	0	0	1,055,700	90.02
90.03	09003	ORAL SURGERY CLINIC	0.712864	302,762	0	0	215,828	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.164123	4,291,814	0	0	4,996,199	90.04
90.05	09005	NEUROLOGY CLINIC	1.076874	505,415	0	0	544,268	90.05
90.06	09006	OB-GYN CLINIC	0.878446	1,010,359	0	0	887,546	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.676037	5,960,485	0	0	4,029,508	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.844600	2,132,559	0	0	1,801,159	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.689766	2,442,720	0	0	1,684,905	90.09
90.10	09010	PEDIATRIC CLINIC	1.126953	1,474,698	0	0	1,661,915	90.10
90.11	09011	SURGERY CLINIC	1.550287	795,187	0	0	1,232,768	90.11
90.12	09012	UROLOGY CLINIC	0.467252	2,638,388	0	0	1,232,792	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.797867	1,537,666	0	0	1,226,853	90.13
90.14	09014	CANCER CLINIC	0.503769	9,108,639	0	0	4,588,650	90.14
90.15	09015	FAMILY CARE CLINIC	0.764774	192,178	0	0	146,973	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.389745	707,359	0	0	275,690	90.16
90.17	09017	FAMILY PRACTICE	0.000000	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.835990	74,632	0	0	62,392	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0.504749	1,443,272	0	0	728,490	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0.658829	233,236	0	0	153,663	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0.866730	94,683	0	0	82,065	90.24
90.26	09026	IRL-OB/GYN CLINIC	0.562204	396,484	0	0	222,905	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0.807113	620,143	0	0	500,525	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0.305966	1,250	0	0	382	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0.601561	143,405	0	0	86,267	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0.891189	66	0	0	59	90.30
90.32	09032	IRL-UROLOGY CLINIC	0.484807	659,546	0	0	319,753	90.32

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/18/2014 9:28 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	
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0.643925	127,627	0	0	82,182	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0.991010	92,701	0	0	91,868	90.40
91.00	09100	EMERGENCY	0.139297	7,376,416	0	0	1,027,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.357876	2,187,832	0	0	782,973	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.115312		11,552			94.00
95.00	09500	AMBULANCE SERVICES	0.384604		0			95.00
200.00		Subtotal (see instructions)		317,590,355	1,983,392	0	95,254,387	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		317,590,355	1,983,392	0	95,254,387	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/18/2014 9:28 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	359,278	0		50.00
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
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	11,188	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0		60.01
60.02	03140	CARDIOLOGY	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,777	0		63.00
63.01	03540	ORTHOTIC SERVICES	0	0		63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0		63.02
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
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,738	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	146,992	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.02	03951	URODYNAMICS	0	0		76.02
76.03	03952	SPINE TREATMENT CENTER	0	0		76.03
76.04	03520	OPHTHALMOLOGY	0	0		76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03956	CDC - REHAB	0	0		76.07
76.08	03957	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	FAMILY PRACTICE	0	0		90.17
90.18	09018	IOWA RIVER LANDING	0	0		90.18
90.19	09019	BURN CLINIC	0	0		90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0		90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0		90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0		90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0		90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0		90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0		90.32

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V | Date/Time Prepared: 11/18/2014 9:28 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		
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0		90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0		90.40
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	1,332	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	522,305	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	522,305	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D Part II
Date/Time Prepared: 11/18/2014 9:28 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	6,745,969	327,984,401	0.020568	371,043	7,632	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	438,885	17,650,703	0.024865	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,357,109	51,570,749	0.026315	131,120	3,450	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,321,845	108,139,307	0.058460	19,555	1,143	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,142,776	72,650,855	0.015730	36,294	571	55.00
55.01	03630	ULTRA SOUND	754,209	21,335,528	0.035350	2,891	102	55.01
55.02	05501	RADIOLOGY - PET SCAN	987,857	20,250,006	0.048783	0	0	55.02
57.00	05700	CT SCAN	924,017	104,467,651	0.008845	59,789	529	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,442,459	89,099,122	0.016189	33,369	540	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,857,692	59,388,557	0.031280	0	0	59.00
60.00	06000	LABORATORY	3,264,230	300,440,069	0.010865	538,775	5,854	60.00
60.01	06001	ANATOMICAL LABORATORY	666,152	26,996,950	0.024675	4,940	122	60.01
60.02	03140	CARDIOLOGY	1,638,117	58,781,387	0.027868	14,134	394	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	377,277	28,638,658	0.013174	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	108,832	8,195,314	0.013280	17,132	228	63.01
63.02	06301	BONE MARROW TRANSPLANT	252,055	8,585,526	0.029358	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	676,738	42,445,158	0.015944	37,083	591	65.00
66.00	06600	PHYSICAL THERAPY	277,633	16,985,819	0.016345	21,341	349	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,216	7,141,178	0.012913	330,845	4,272	67.00
69.00	06900	ELECTROCARDIOLOGY	67,397	6,303,189	0.010693	32,616	349	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	303,143	17,180,467	0.017645	13,303	235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	501,257	68,346,075	0.007334	28,825	211	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,175,976	154,179,678	0.007627	561	4	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,778,459	361,629,121	0.010448	689,936	7,208	73.00
74.00	07400	RENAL DIALYSIS	907,318	37,786,743	0.024012	14,530	349	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,134,810	65,920,027	0.032385	0	0	75.00
76.00	03950	IVF/CULTURE LAB	269,128	3,831,826	0.070235	0	0	76.00
76.02	03951	URODYNAMICS	92,950	2,856,787	0.032537	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	100,670	551,250	0.182621	0	0	76.03
76.04	03520	OPHTHALMOLOGY	149,097	8,580,147	0.017377	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	611,365	35,277,151	0.017330	16,370	284	76.05
76.06	03580	RECREATIONAL THERAPY	105,056	558,837	0.187990	0	0	76.06
76.07	03956	CDC - REHAB	50,548	1,329,662	0.038016	0	0	76.07
76.08	03957	DIABETES EDUCATION	70,147	302,959	0.231540	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	250,265	4,127,161	0.060639	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,569	1,524,095	0.025962	0	0	76.98
76.99	07699	LITHOTRIPSY	187,461	8,069,624	0.023230	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	138,896	6,680,556	0.020791	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	324,122	8,552,158	0.037899	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	377,475	3,482,957	0.108378	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1,335,347	12,939,762	0.103197	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	370,515	2,735,868	0.135429	0	0	90.05
90.06	09006	OB-GYN CLINIC	769,059	8,800,811	0.087385	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	911,432	14,156,569	0.064382	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	735,002	9,740,570	0.075458	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	935,942	12,310,658	0.076027	2,731	208	90.09
90.10	09010	PEDIATRIC CLINIC	1,083,140	12,431,124	0.087131	0	0	90.10
90.11	09011	SURGERY CLINIC	777,413	4,946,801	0.157155	0	0	90.11
90.12	09012	UROLOGY CLINIC	324,898	6,740,844	0.048198	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	594,349	8,582,132	0.069254	30,802	2,133	90.13
90.14	09014	CANCER CLINIC	1,433,191	26,532,585	0.054016	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	702,116	8,486,560	0.082733	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	303,670	5,512,976	0.055083	0	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0.000000	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	20,901	418,681	0.049921	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	671,242	4,951,901	0.135552	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	244,053	1,305,508	0.186941	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	724,448	4,049,259	0.178909	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	832,341	5,778,523	0.144040	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	400,128	2,031,249	0.196986	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	1,356	15,554	0.087180	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	273,534	1,689,834	0.161870	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	603,500	3,158,147	0.191093	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	378,039	2,944,279	0.128398	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	227,088	1,331,010	0.170613	0	0	90.38

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D
Part II
Date/Time Prepared:
11/18/2014 9:28 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	
90.40	09040	IRL-DIABETES CENTER CLINIC	174,730	852,928	0.204859	0	0	90.40
91.00	09100	EMERGENCY	1,212,621	92,786,831	0.013069	537,593	7,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,465,062	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	106,041	7,400,903	0.014328	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	57,107,273	2,441,914,337		2,985,578	43,784	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D Part IV
Date/Time Prepared: 11/18/2014 9:28 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	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,361,761	0	1,361,761	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,142	0	5,142	55.00
55.01	03630	ULTRA SOUND	0	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0	0	0	55.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0	0	105,455	0	105,455	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	0	0	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0	0	0	63.02
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
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	3,085	0	3,085	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0	0	0	0	0	76.00
76.02	03951	URODYNAMICS	0	0	0	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0	0	0	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0	0	0	76.06
76.07	03956	CDC - REHAB	0	0	0	0	0	76.07
76.08	03957	DIABETES EDUCATION	0	0	4,799	0	4,799	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	20,280	0	20,280	90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	202,799	0	202,799	90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	0	0	5,142	0	5,142	90.10
90.11	09011	SURGERY CLINIC	0	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0	0	32,448	0	32,448	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0	0	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0	0	0	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	16,224	0	16,224	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	0	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	0	0	0	90.40

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160058 Component CCN: 16S058	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/18/2014 9:28 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	
91.00	09100	EMERGENCY	0	0	85,175	0	85,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	1,842,310	0	1,842,310	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D Part IV
Date/Time Prepared: 11/18/2014 9:28 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	0	327,984,401	0.000000	0.000000	371,043	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,650,703	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	51,570,749	0.000000	0.000000	131,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,361,761	108,139,307	0.012593	0.012593	19,555	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,142	72,650,855	0.000071	0.000071	36,294	55.00
55.01	03630	ULTRA SOUND	0	21,335,528	0.000000	0.000000	2,891	55.01
55.02	05501	RADIOLOGY - PET SCAN	0	20,250,006	0.000000	0.000000	0	55.02
57.00	05700	CT SCAN	0	104,467,651	0.000000	0.000000	59,789	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	89,099,122	0.000000	0.000000	33,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59,388,557	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	300,440,069	0.000000	0.000000	538,775	60.00
60.01	06001	ANATOMICAL LABORATORY	0	26,996,950	0.000000	0.000000	4,940	60.01
60.02	03140	CARDIOLOGY	105,455	58,781,387	0.001794	0.001794	14,134	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	28,638,658	0.000000	0.000000	0	63.00
63.01	03540	ORTHOTIC SERVICES	0	8,195,314	0.000000	0.000000	17,132	63.01
63.02	06301	BONE MARROW TRANSPLANT	0	8,585,526	0.000000	0.000000	0	63.02
65.00	06500	RESPIRATORY THERAPY	0	42,445,158	0.000000	0.000000	37,083	65.00
66.00	06600	PHYSICAL THERAPY	0	16,985,819	0.000000	0.000000	21,341	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,141,178	0.000000	0.000000	330,845	67.00
69.00	06900	ELECTROCARDIOLOGY	0	6,303,189	0.000000	0.000000	32,616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,180,467	0.000000	0.000000	13,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	68,346,075	0.000000	0.000000	28,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	154,179,678	0.000000	0.000000	561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	361,629,121	0.000000	0.000000	689,936	73.00
74.00	07400	RENAL DIALYSIS	3,085	37,786,743	0.000082	0.000082	14,530	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	65,920,027	0.000000	0.000000	0	75.00
76.00	03950	IVF/CULTURE LAB	0	3,831,826	0.000000	0.000000	0	76.00
76.02	03951	URODYNAMICS	0	2,856,787	0.000000	0.000000	0	76.02
76.03	03952	SPINE TREATMENT CENTER	0	551,250	0.000000	0.000000	0	76.03
76.04	03520	OPHTHALMOLOGY	0	8,580,147	0.000000	0.000000	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	35,277,151	0.000000	0.000000	16,370	76.05
76.06	03580	RECREATIONAL THERAPY	0	558,837	0.000000	0.000000	0	76.06
76.07	03956	CDC - REHAB	0	1,329,662	0.000000	0.000000	0	76.07
76.08	03957	DIABETES EDUCATION	4,799	302,959	0.015840	0.015840	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	4,127,161	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,524,095	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	8,069,624	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	20,280	6,680,556	0.003036	0.003036	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0	8,552,158	0.000000	0.000000	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0	3,482,957	0.000000	0.000000	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	202,799	12,939,762	0.015673	0.015673	0	90.04
90.05	09005	NEUROLOGY CLINIC	0	2,735,868	0.000000	0.000000	0	90.05
90.06	09006	OB-GYN CLINIC	0	8,800,811	0.000000	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	14,156,569	0.000000	0.000000	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	9,740,570	0.000000	0.000000	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	12,310,658	0.000000	0.000000	2,731	90.09
90.10	09010	PEDIATRIC CLINIC	5,142	12,431,124	0.000414	0.000414	0	90.10
90.11	09011	SURGERY CLINIC	0	4,946,801	0.000000	0.000000	0	90.11
90.12	09012	UROLOGY CLINIC	0	6,740,844	0.000000	0.000000	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0	8,582,132	0.000000	0.000000	30,802	90.13
90.14	09014	CANCER CLINIC	0	26,532,585	0.000000	0.000000	0	90.14
90.15	09015	FAMILY CARE CLINIC	32,448	8,486,560	0.003823	0.003823	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	5,512,976	0.000000	0.000000	0	90.16
90.17	09017	FAMILY PRACTICE	0	0	0.000000	0.000000	0	90.17
90.18	09018	IOWA RIVER LANDING	0	0	0.000000	0.000000	0	90.18
90.19	09019	BURN CLINIC	0	418,681	0.000000	0.000000	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	4,951,901	0.000000	0.000000	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	1,305,508	0.000000	0.000000	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	16,224	4,049,259	0.004007	0.004007	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	0	5,778,523	0.000000	0.000000	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	2,031,249	0.000000	0.000000	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	15,554	0.000000	0.000000	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	1,689,834	0.000000	0.000000	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	3,158,147	0.000000	0.000000	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	0	2,944,279	0.000000	0.000000	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	1,331,010	0.000000	0.000000	0	90.38

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160058 Component CCN: 16S058	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/18/2014 9:28 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	
90.40	09040	IRL-DIABETES CENTER CLINIC	0	852,928	0.000000	0.000000	0	90.40
91.00	09100	EMERGENCY	85,175	92,786,831	0.000918	0.000918	537,593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,465,062	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	7,400,903	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,842,310	2,441,914,337			2,985,578	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D Part IV
Date/Time Prepared: 11/18/2014 9:28 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)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	246	1,681	21		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3	0	0		55.00
55.01	03630	ULTRA SOUND	0	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0	0		55.02
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0	0		60.01
60.02	03140	CARDIOLOGY	25	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
63.01	03540	ORTHOTIC SERVICES	0	0	0		63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0	0		63.02
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	173	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	876	0		73.00
74.00	07400	RENAL DIALYSIS	1	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03950	IVF/CULTURE LAB	0	0	0		76.00
76.02	03951	URODYNAMICS	0	0	0		76.02
76.03	03952	SPINE TREATMENT CENTER	0	0	0		76.03
76.04	03520	OPHTHALMOLOGY	0	0	0		76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0	0		76.06
76.07	03956	CDC - REHAB	0	0	0		76.07
76.08	03957	DIABETES EDUCATION	0	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0	0		90.13
90.14	09014	CANCER CLINIC	0	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0	0		90.16
90.17	09017	FAMILY PRACTICE	0	0	0		90.17
90.18	09018	IOWA RIVER LANDING	0	0	0		90.18
90.19	09019	BURN CLINIC	0	0	0		90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0	0		90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0	0		90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0	0		90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0	0		90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0	0		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0	0		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0	0		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0	0		90.30
90.32	09032	IRL-UROLOGY CLINIC	0	0	0		90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0	0		90.38

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160058 Component CCN: 16S058	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/18/2014 9:28 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)		
			11.00	12.00	13.00		
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0	0		90.40
91.00	09100	EMERGENCY	494	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	769	2,730	21		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D Part V
Date/Time Prepared: 11/18/2014 9:28 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.240629	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303419	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.172017	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284671	1,681	0	0	479	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142350	0	0	0	0	55.00
55.01	03630	ULTRA SOUND	0.191844	0	0	0	0	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.240410	0	0	0	0	55.02
57.00	05700	CT SCAN	0.053299	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063260	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111591	0	0	0	0	59.00
60.00	06000	LABORATORY	0.165086	0	0	0	0	60.00
60.01	06001	ANATOMICAL LABORATORY	0.219877	0	0	0	0	60.01
60.02	03140	CARDIOLOGY	0.208525	0	0	0	0	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.281068	0	0	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	0.432110	0	0	0	0	63.01
63.02	06301	BONE MARROW TRANSPLANT	0.509800	0	0	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.183055	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.383488	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.352917	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.124675	173	0	0	22	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215374	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376806	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.394031	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367426	876	643	0	322	73.00
74.00	07400	RENAL DIALYSIS	0.248826	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.275584	0	0	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0.825944	0	0	0	0	76.00
76.02	03951	URODYNAMICS	0.238694	0	0	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	2.250756	0	0	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0.245033	0	0	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0.198480	0	0	0	0	76.05
76.06	03580	RECREATIONAL THERAPY	2.155679	0	0	0	0	76.06
76.07	03956	CDC - REHAB	0.706468	0	0	0	0	76.07
76.08	03957	DIABETES EDUCATION	2.598569	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.497584	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.255603	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.131190	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.227959	0	0	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.339782	0	0	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.712864	0	0	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.164123	0	0	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	1.076874	0	0	0	0	90.05
90.06	09006	OB-GYN CLINIC	0.878446	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.676037	0	0	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.844600	0	0	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.689766	0	0	0	0	90.09
90.10	09010	PEDIATRIC CLINIC	1.126953	0	0	0	0	90.10
90.11	09011	SURGERY CLINIC	1.550287	0	0	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.467252	0	0	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.797867	0	0	0	0	90.13
90.14	09014	CANCER CLINIC	0.503769	0	0	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.764774	0	0	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.389745	0	0	0	0	90.16
90.17	09017	FAMILY PRACTICE	0.000000	0	0	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0.000000	0	0	0	0	90.18
90.19	09019	BURN CLINIC	0.835990	0	0	0	0	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0.504749	0	0	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0.658829	0	0	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0.866730	0	0	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	0.562204	0	0	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0.807113	0	0	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0.305966	0	0	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0.601561	0	0	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0.891189	0	0	0	0	90.30

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D
Part V
Date/Time Prepared:
11/18/2014 9:28 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
90.32	09032	IRL-UROLOGY CLINIC	0.484807	0	0	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0.643925	0	0	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0.991010	0	0	0	0	90.40
91.00	09100	EMERGENCY	0.139297	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.357876	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.115312		0			94.00
95.00	09500	AMBULANCE SERVICES	0.384604		0			95.00
200.00		Subtotal (see instructions)		2,730	643	0	823	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		2,730	643	0	823	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D Part V
Date/Time Prepared: 11/18/2014 9:28 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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
55.01	03630	ULTRA SOUND	0	0		55.01
55.02	05501	RADIOLOGY - PET SCAN	0	0		55.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	ANATOMICAL LABORATORY	0	0		60.01
60.02	03140	CARDIOLOGY	0	0		60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01	03540	ORTHOTIC SERVICES	0	0		63.01
63.02	06301	BONE MARROW TRANSPLANT	0	0		63.02
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
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	236	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	IVF/CULTURE LAB	0	0		76.00
76.02	03951	URODYNAMICS	0	0		76.02
76.03	03952	SPINE TREATMENT CENTER	0	0		76.03
76.04	03520	OPHTHALMOLOGY	0	0		76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0	0		76.05
76.06	03580	RECREATIONAL THERAPY	0	0		76.06
76.07	03956	CDC - REHAB	0	0		76.07
76.08	03957	DIABETES EDUCATION	0	0		76.08
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0	0		90.01
90.02	09002	DERMATOLOGY CLINIC	0	0		90.02
90.03	09003	ORAL SURGERY CLINIC	0	0		90.03
90.04	09004	INTERNAL MEDICINE CLINIC	0	0		90.04
90.05	09005	NEUROLOGY CLINIC	0	0		90.05
90.06	09006	OB-GYN CLINIC	0	0		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008	ORTHOPAEDICS CLINIC	0	0		90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0	0		90.09
90.10	09010	PEDIATRIC CLINIC	0	0		90.10
90.11	09011	SURGERY CLINIC	0	0		90.11
90.12	09012	UROLOGY CLINIC	0	0		90.12
90.13	09013	PSYCHIATRIC CLINIC	0	0		90.13
90.14	09014	CANCER CLINIC	0	0		90.14
90.15	09015	FAMILY CARE CLINIC	0	0		90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0	0		90.16
90.17	09017	FAMILY PRACTICE	0	0		90.17
90.18	09018	IOWA RIVER LANDING	0	0		90.18
90.19	09019	BURN CLINIC	0	0		90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0	0		90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0	0		90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0	0		90.24
90.26	09026	IRL-OB/GYN CLINIC	0	0		90.26
90.27	09027	IRL-OPHTHALMOLOGY	0	0		90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0	0		90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0	0		90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0	0		90.30

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160058 Component CCN: 16S058	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/18/2014 9:28 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.32	09032	IRL-UROLOGY CLINIC	0	0		90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0	0		90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0	0		90.40
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	236	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	236	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/18/2014 9:28 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)	122,024	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	122,024	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	117,773	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)	40,046	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	117,777,951	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)	117,777,951	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	117,777,951	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)	965.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	38,652,399	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)	38,652,399	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/18/2014 9:28 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	0	0	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	11,902,877	6,581	1,808.67	2,359	4,266,653	43.01
44.00	CORONARY CARE UNIT	7,452,041	3,207	2,323.68	1,395	3,241,534	44.00
45.00	BURN INTENSIVE CARE UNIT	7,389,972	4,883	1,513.41	83	125,613	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	16,505,574	9,434	1,749.58	3,492	6,109,533	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	26,774,391	21,518	1,244.28	20	24,886	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	11,041,073	4,922	2,243.21	6	13,459	47.01

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	75,865,643	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	128,299,720	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	3,848,240	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	5,337,410	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	9,185,650	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	119,114,070	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)	4,251	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	965.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,103,065	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 160058

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

Worksheet D-1

Date/Time Prepared: 11/18/2014 9:28 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	8,157,957	117,777,951	0.069266	4,103,065	284,203	90.00
91.00	Nursing School cost	0	117,777,951	0.000000	4,103,065	0	91.00
92.00	Allied health cost	396,803	117,777,951	0.003369	4,103,065	13,823	92.00
93.00	All other Medical Education	0	117,777,951	0.000000	4,103,065	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160058 Component CCN: 16S058	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/18/2014 9:28 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)	25,953	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,953	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	25,953	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)	7,605	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	19,694,169	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)	19,694,169	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	19,694,169	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)	758.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,770,978	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)	5,770,978	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D-1
Date/Time Prepared: 11/18/2014 9:28 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	0	0	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL 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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	740,389	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,511,367	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)	355,305	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	44,553	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	399,858	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,111,509	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: 160058 Component CCN: 16S058	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/18/2014 9:28 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	1,086,793	19,694,169	0.055183	0	0	90.00
91.00	Nursing School cost	0	19,694,169	0.000000	0	0	91.00
92.00	Allied health cost	125,735	19,694,169	0.006384	0	0	92.00
93.00	All other Medical Education	0	19,694,169	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/18/2014 9:28 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		82,176,788		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		10,716,987		31.01
32.00	03200	CORONARY CARE UNIT		6,329,120		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		342,065		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		15,499,314		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		97,900		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		29,370		35.01
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.240629	61,778,772	14,865,764	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303419	162,892	49,425	52.00
53.00	05300	ANESTHESIOLOGY	0.172017	7,411,615	1,274,924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284671	11,232,259	3,197,498	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142350	899,647	128,065	55.00
55.01	03630	ULTRA SOUND	0.191844	1,115,647	214,030	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.240410	907,865	218,260	55.02
57.00	05700	CT SCAN	0.053299	13,204,453	703,784	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063260	6,811,448	430,892	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111591	10,032,041	1,119,485	59.00
60.00	06000	LABORATORY	0.165265	39,883,248	6,591,305	60.00
60.01	06001	ANATOMICAL LABORATORY	0.226319	2,305,386	521,753	60.01
60.02	03140	CARDIOLOGY	0.208525	9,458,217	1,972,275	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.281068	5,134,821	1,443,234	63.00
63.01	03540	ORTHOTIC SERVICES	0.432110	829,950	358,630	63.01
63.02	06301	BONE MARROW TRANSPLANT	0.509800	662,136	337,557	63.02
65.00	06500	RESPIRATORY THERAPY	0.183055	9,087,031	1,663,426	65.00
66.00	06600	PHYSICAL THERAPY	0.383488	3,487,397	1,337,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.352917	1,699,156	599,661	67.00
69.00	06900	ELECTROCARDIOLOGY	0.124675	1,221,036	152,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215374	2,070,577	445,948	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376806	13,543,166	5,103,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.394031	34,245,322	13,493,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367426	39,965,957	14,684,532	73.00
74.00	07400	RENAL DIALYSIS	0.248826	4,582,334	1,140,204	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.275584	337,160	92,916	75.00
76.00	03950	IVF/CULTURE LAB	0.825944	0	0	76.00
76.02	03951	URODYNAMICS	0.238694	15,526	3,706	76.02
76.03	03952	SPINE TREATMENT CENTER	2.250756	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0.245033	40,459	9,914	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0.198480	2,724,223	540,704	76.05
76.06	03580	RECREATIONAL THERAPY	2.155679	0	0	76.06
76.07	03956	CDC - REHAB	0.706468	294	208	76.07
76.08	03957	DIABETES EDUCATION	2.598569	40	104	76.08
76.97	07697	CARDIAC REHABILITATION	0.497584	1,122,655	558,615	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.255603	55,807	14,264	76.98
76.99	07699	LITHOTRIPSY	0.131190	329,533	43,231	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.227959	18,120	4,131	90.01
90.02	09002	DERMATOLOGY CLINIC	0.339782	7,799	2,650	90.02
90.03	09003	ORAL SURGERY CLINIC	0.712864	54	38	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.164123	31,059	36,156	90.04
90.05	09005	NEUROLOGY CLINIC	1.076874	2,151	2,316	90.05
90.06	09006	OB-GYN CLINIC	0.878446	1,952	1,715	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.676037	20,702	13,995	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.844600	14,381	12,146	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.689766	579,713	399,866	90.09
90.10	09010	PEDIATRIC CLINIC	1.126953	878	989	90.10
90.11	09011	SURGERY CLINIC	1.550287	21,795	33,789	90.11
90.12	09012	UROLOGY CLINIC	0.467252	85,847	40,112	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.797867	21,650	17,274	90.13
90.14	09014	CANCER CLINIC	0.503769	111,805	56,324	90.14
90.15	09015	FAMILY CARE CLINIC	0.764774	10,744	8,217	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.389745	22	9	90.16
90.17	09017	FAMILY PRACTICE	0.000000	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	0.835990	4	3	90.19
90.20	09020	IRL-CARDIOLOGY CLINIC	0.504749	32,415	16,361	90.20

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/18/2014 9:28 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	
90.22	09022	IRL-DERMATOLOGY CLINIC	0.658829	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0.866730	3,480	3,016	90.24
90.26	09026	IRL-OB/GYN CLINIC	0.562204	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0.807113	1,446	1,167	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0.305966	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0.601561	828	498	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0.891189	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	0.484807	2,480	1,202	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0.643925	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0.991010	0	0	90.40
91.00	09100	EMERGENCY	0.139297	13,326,394	1,856,327	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.357876	107,841	38,594	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.115312	69,048	7,962	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		300,830,678	75,865,643	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)		300,830,678		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D-3
Date/Time Prepared: 11/18/2014 9:28 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
31.00	03100	INTENSIVE CARE UNIT		0		31.00
31.01	03101	MEDICAL INTENSIVE CARE UNIT		0		31.01
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
40.00	04000	SUBPROVIDER - IPF		9,292,525		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.240629	371,043	89,284	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303419	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.172017	131,120	22,555	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284671	19,555	5,567	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142350	36,294	5,166	55.00
55.01	03630	ULTRA SOUND	0.191844	2,891	555	55.01
55.02	05501	RADIOLOGY - PET SCAN	0.240410	0	0	55.02
57.00	05700	CT SCAN	0.053299	59,789	3,187	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063260	33,369	2,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111591	0	0	59.00
60.00	06000	LABORATORY	0.165265	538,775	89,041	60.00
60.01	06001	ANATOMICAL LABORATORY	0.226319	4,940	1,118	60.01
60.02	03140	CARDIOLOGY	0.208525	14,134	2,947	60.02
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.281068	0	0	63.00
63.01	03540	ORTHOTIC SERVICES	0.432110	17,132	7,403	63.01
63.02	06301	BONE MARROW TRANSPLANT	0.509800	0	0	63.02
65.00	06500	RESPIRATORY THERAPY	0.183055	37,083	6,788	65.00
66.00	06600	PHYSICAL THERAPY	0.383488	21,341	8,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.352917	330,845	116,761	67.00
69.00	06900	ELECTROCARDIOLOGY	0.124675	32,616	4,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.215374	13,303	2,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.376806	28,825	10,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.394031	561	221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367426	689,936	253,500	73.00
74.00	07400	RENAL DIALYSIS	0.248826	14,530	3,615	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.275584	0	0	75.00
76.00	03950	IVF/CULTURE LAB	0.825944	0	0	76.00
76.02	03951	URODYNAMICS	0.238694	0	0	76.02
76.03	03952	SPINE TREATMENT CENTER	2.250756	0	0	76.03
76.04	03520	OPHTHALMOLOGY	0.245033	0	0	76.04
76.05	03954	DIGESTIVE DISEASE CNTR	0.198480	16,370	3,249	76.05
76.06	03580	RECREATIONAL THERAPY	2.155679	0	0	76.06
76.07	03956	CDC - REHAB	0.706468	0	0	76.07
76.08	03957	DIABETES EDUCATION	2.598569	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.497584	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.255603	0	0	76.98
76.99	07699	LITHOTRIPSY	0.131190	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	ANESTHESIA PAIN CLINIC	0.227959	0	0	90.01
90.02	09002	DERMATOLOGY CLINIC	0.339782	0	0	90.02
90.03	09003	ORAL SURGERY CLINIC	0.712864	0	0	90.03
90.04	09004	INTERNAL MEDICINE CLINIC	1.164123	0	0	90.04
90.05	09005	NEUROLOGY CLINIC	1.076874	0	0	90.05
90.06	09006	OB-GYN CLINIC	0.878446	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.676037	0	0	90.07
90.08	09008	ORTHOPAEDICS CLINIC	0.844600	0	0	90.08
90.09	09009	OTOLARYNGOLOGY CLINIC	0.689766	2,731	1,884	90.09
90.10	09010	PEDIATRIC CLINIC	1.126953	0	0	90.10
90.11	09011	SURGERY CLINIC	1.550287	0	0	90.11
90.12	09012	UROLOGY CLINIC	0.467252	0	0	90.12
90.13	09013	PSYCHIATRIC CLINIC	0.797867	30,802	24,576	90.13
90.14	09014	CANCER CLINIC	0.503769	0	0	90.14
90.15	09015	FAMILY CARE CLINIC	0.764774	0	0	90.15
90.16	09016	ORTHO SPORTS MED CLINIC	0.389745	0	0	90.16
90.17	09017	FAMILY PRACTICE	0.000000	0	0	90.17
90.18	09018	IOWA RIVER LANDING	0.000000	0	0	90.18
90.19	09019	BURN CLINIC	0.835990	0	0	90.19

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 160058
Component CCN: 16S058

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

Worksheet D-3
Date/Time Prepared: 11/18/2014 9:28 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	
90.20	09020	IRL-CARDIOLOGY CLINIC	0.504749	0	0	90.20
90.22	09022	IRL-DERMATOLOGY CLINIC	0.658829	0	0	90.22
90.24	09024	IRL-INTERNAL MEDICINE CLINIC	0.866730	0	0	90.24
90.26	09026	IRL-OB/GYN CLINIC	0.562204	0	0	90.26
90.27	09027	IRL-OPHTHALMOLOGY	0.807113	0	0	90.27
90.28	09028	IRL-ORTHOPAEDICS CLINIC	0.305966	0	0	90.28
90.29	09029	IRL-OTOLARYNGOLOGY CLINIC	0.601561	0	0	90.29
90.30	09030	IRL-PEDIATRICS CLINIC	0.891189	0	0	90.30
90.32	09032	IRL-UROLOGY CLINIC	0.484807	0	0	90.32
90.38	09038	IRL-GASTROENTEROLOGY CLINIC	0.643925	0	0	90.38
90.40	09040	IRL-DIABETES CENTER CLINIC	0.991010	0	0	90.40
91.00	09100	EMERGENCY	0.139297	537,593	74,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.357876	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.115312	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,985,578	740,389	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)		2,985,578		202.00

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

Provider CCN: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

Kidney

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	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	108,315	965.20	56	54,051	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	20,323	1,808.67	4	7,235	2.01
3.00	CORONARY CARE UNIT	44.00	0	2,323.68	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,513.41	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	43,810	1,749.58	11	19,245	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,244.28	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	17,218	2,243.21	5	11,216	6.01
7.00	TOTAL (sum of lines 1-6)		189,666		76	91,747	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	0.240629	919,192	221,184	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.303419	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.172017	86,734	14,920	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.284671	1,363,502	388,149	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.142350	0	0	13.00
13.01	ULTRA SOUND	55.01	0.191844	4,357	836	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.240410	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.053299	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.063260	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.111591	0	0	17.00
18.00	LABORATORY	60.00	0.165086	851,760	140,614	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.219877	0	0	18.01
18.02	CARDIOLOGY	60.02	0.208525	167,971	35,026	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.281068	6,872	1,931	21.00
21.01	ORTHOTIC SERVICES	63.01	0.432110	0	0	21.01
21.02	BONE MARROW TRANSPLANT	63.02	0.509800	0	0	21.02
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.183055	39,779	7,282	23.00
24.00	PHYSICAL THERAPY	66.00	0.383488	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.352917	725	256	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.124675	44,391	5,534	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.215374	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.376806	118,827	44,775	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.394031	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.367426	244,405	89,801	31.00
32.00	RENAL DIALYSIS	74.00	0.248826	6,284	1,564	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.275584	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.825944	0	0	34.00
34.02	URODYNAMICS	76.02	0.238694	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	2.250756	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.245033	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.198480	0	0	34.05
34.06	RECREATIONAL THERAPY	76.06	2.155679	0	0	34.06
34.07	CDC - REHAB	76.07	0.706468	0	0	34.07
34.08	DIABETES EDUCATION	76.08	2.598569	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.497584	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.255603	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.131190	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.227959	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.339782	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.712864	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.164123	0	0	37.04
37.05	NEUROLOGY CLINIC	90.05	1.076874	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.878446	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.676037	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.844600	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.689766	0	0	37.09

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.126953	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.550287	131,702	204,176	37.11
37.12	UROLOGY CLINIC	90.12	0.467252	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.797867	0	0	37.13
37.14	CANCER CLINIC	90.14	0.503769	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.764774	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.389745	0	0	37.16
37.17	FAMILY PRACTICE	90.17	0.000000	0	0	37.17
37.18	IOWA RIVER LANDING	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.835990	0	0	37.19
37.20	IRL-CARDIOLOGY CLINIC	90.20	0.504749	0	0	37.20
37.22	IRL-DERMATOLOGY CLINIC	90.22	0.658829	0	0	37.22
37.24	IRL-INTERNAL MEDICINE CLINIC	90.24	0.866730	0	0	37.24
37.26	IRL-OB/GYN CLINIC	90.26	0.562204	0	0	37.26
37.27	IRL-OPHTHALMOLOGY	90.27	0.807113	0	0	37.27
37.28	IRL-ORTHOPAEDICS CLINIC	90.28	0.305966	0	0	37.28
37.29	IRL-OTOLARYNGOLOGY CLINIC	90.29	0.601561	0	0	37.29
37.30	IRL-PEDIATRICS CLINIC	90.30	0.891189	0	0	37.30
37.32	IRL-UROLOGY CLINIC	90.32	0.484807	0	0	37.32
37.38	IRL-GASTROENTEROLOGY CLINIC	90.38	0.643925	0	0	37.38
37.40	IRL-DIABETES CENTER CLINIC	90.40	0.991010	0	0	37.40
38.00	EMERGENCY	91.00	0.139297	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.357876	0	0	39.00
40.00	IOWA RIVER LANDING					40.00
41.00	TOTAL (sum of lines 8-40)			3,986,501	1,156,048	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	56	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	4	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	11	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	5	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			76	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	0	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	131,702	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	FAMILY PRACTICE	23.17	0	0.000000	0	51.17
51.18	IOWA RIVER LANDING	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center Description	Kidney		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IRL-CARDIOLOGY CLINIC	23.20	0	0.000000	0	51.20
51.22	IRL-DERMATOLOGY CLINIC	23.22	0	0.000000	0	51.22
51.24	IRL-INTERNAL MEDICINE CLINIC	23.24	0	0.000000	0	51.24
51.26	IRL-OB/GYN CLINIC	23.26	0	0.000000	0	51.26
51.27	IRL-OPHTHALMOLOGY	23.27	0	0.000000	0	51.27
51.28	IRL-ORTHOPAEDICS CLINIC	23.28	0	0.000000	0	51.28
51.29	IRL-OTOLARYNGOLOGY CLINIC	23.29	0	0.000000	0	51.29
51.30	IRL-PEDIATRICS CLINIC	23.30	0	0.000000	0	51.30
51.32	IRL-UROLOGY CLINIC	23.32	0	0.000000	0	51.32
51.38	IRL-GASTROENTEROLOGY CLINIC	23.38	0	0.000000	0	51.38
51.40	IRL-DIABETES CENTER CLINIC	23.40	0	0.000000	0	51.40
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	IOWA RIVER LANDING	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		131,702		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	1,247,795		4,176,167		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	4,578,597		8,739,850		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)	5,826,392		12,916,017		61.00
62.00	Total Usable Organs (see instructions)		121			62.00
63.00	Medicare Usable Organs (see instructions)		85			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.702479			64.00
65.00	Medicare Cost/Charges (see instructions)	4,092,918		9,073,231		65.00
66.00	Revenue for Organs Sold	287,126		287,126		66.00
67.00	Subtotal (line 65 minus line 66)	3,805,792		8,786,105		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,805,792	0	8,786,105	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)	21	52		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	48		73.00
74.00	Total (sum of lines 70 thru 73)	21	100		74.00
75.00	Organs Transplanted	21	48	8,739,850	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	52	287,126	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)	21	100		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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 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	11,910	965.20	6	5,791	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	7,887	1,808.67	2	3,617	2.01
3.00	CORONARY CARE UNIT	44.00	17,734	2,323.68	4	9,295	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,513.41	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	1,749.58	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,244.28	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	8,609	2,243.21	2	4,486	6.01
7.00	TOTAL (sum of lines 1-6)		46,140		14	23,189	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	0.240629	102,040	24,554	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.303419	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.172017	11,863	2,041	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.284671	554,548	157,864	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.142350	0	0	13.00
13.01	ULTRA SOUND	55.01	0.191844	41,292	7,922	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.240410	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.053299	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.063260	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.111591	0	0	17.00
18.00	LABORATORY	60.00	0.165086	530,870	87,639	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.219877	0	0	18.01
18.02	CARDIOLOGY	60.02	0.208525	364,174	75,939	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.281068	5,381	1,512	21.00
21.01	ORTHOTIC SERVICES	63.01	0.432110	0	0	21.01
21.02	BONE MARROW TRANSPLANT	63.02	0.509800	0	0	21.02
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.183055	34,096	6,241	23.00
24.00	PHYSICAL THERAPY	66.00	0.383488	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.352917	640	226	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.124675	15,650	1,951	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.215374	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.376806	9,780	3,685	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.394031	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.367426	82,694	30,384	31.00
32.00	RENAL DIALYSIS	74.00	0.248826	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.275584	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.825944	0	0	34.00
34.02	URODYNAMICS	76.02	0.238694	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	2.250756	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.245033	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.198480	7,921	1,572	34.05
34.06	RECREATIONAL THERAPY	76.06	2.155679	0	0	34.06
34.07	CDC - REHAB	76.07	0.706468	0	0	34.07
34.08	DIABETES EDUCATION	76.08	2.598569	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.497584	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.255603	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.131190	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.227959	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.339782	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.712864	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.164123	0	0	37.04
37.05	NEUROLOGY CLINIC	90.05	1.076874	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.878446	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.676037	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.844600	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.689766	0	0	37.09

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		Liver		Hospital	PPS	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.126953	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.550287	31,519	48,863	37.11
37.12	UROLOGY CLINIC	90.12	0.467252	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.797867	0	0	37.13
37.14	CANCER CLINIC	90.14	0.503769	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.764774	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.389745	0	0	37.16
37.17	FAMILY PRACTICE	90.17	0.000000	0	0	37.17
37.18	IOWA RIVER LANDING	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.835990	0	0	37.19
37.20	IRL-CARDIOLOGY CLINIC	90.20	0.504749	0	0	37.20
37.22	IRL-DERMATOLOGY CLINIC	90.22	0.658829	0	0	37.22
37.24	IRL-INTERNAL MEDICINE CLINIC	90.24	0.866730	0	0	37.24
37.26	IRL-OB/GYN CLINIC	90.26	0.562204	0	0	37.26
37.27	IRL-OPHTHALMOLOGY	90.27	0.807113	0	0	37.27
37.28	IRL-ORTHOPAEDICS CLINIC	90.28	0.305966	0	0	37.28
37.29	IRL-OTOLARYNGOLOGY CLINIC	90.29	0.601561	0	0	37.29
37.30	IRL-PEDIATRICS CLINIC	90.30	0.891189	0	0	37.30
37.32	IRL-UROLOGY CLINIC	90.32	0.484807	0	0	37.32
37.38	IRL-GASTROENTEROLOGY CLINIC	90.38	0.643925	0	0	37.38
37.40	IRL-DIABETES CENTER CLINIC	90.40	0.991010	0	0	37.40
38.00	EMERGENCY	91.00	0.139297	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.357876	0	0	39.00
40.00	IOWA RIVER LANDING					40.00
41.00	TOTAL (sum of lines 8-40)			1,792,468	450,393	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	6	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	2	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	4	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	2	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			14	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	0	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	31,519	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	FAMILY PRACTICE	23.17	0	0.000000	0	51.17
51.18	IOWA RIVER LANDING	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center Description	Liver		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IRL-CARDIOLOGY CLINIC	23.20	0	0.000000	0	51.20
51.22	IRL-DERMATOLOGY CLINIC	23.22	0	0.000000	0	51.22
51.24	IRL-INTERNAL MEDICINE CLINIC	23.24	0	0.000000	0	51.24
51.26	IRL-OB/GYN CLINIC	23.26	0	0.000000	0	51.26
51.27	IRL-OPHTHALMOLOGY	23.27	0	0.000000	0	51.27
51.28	IRL-ORTHOPAEDICS CLINIC	23.28	0	0.000000	0	51.28
51.29	IRL-OTOLARYNGOLOGY CLINIC	23.29	0	0.000000	0	51.29
51.30	IRL-PEDIATRICS CLINIC	23.30	0	0.000000	0	51.30
51.32	IRL-UROLOGY CLINIC	23.32	0	0.000000	0	51.32
51.38	IRL-GASTROENTEROLOGY CLINIC	23.38	0	0.000000	0	51.38
51.40	IRL-DIABETES CENTER CLINIC	23.40	0	0.000000	0	51.40
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	IOWA RIVER LANDING	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		31,519		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	473,582		1,838,608		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)	2,311,017		5,049,000		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)	2,784,599		6,887,608		61.00
62.00	Total Usable Organs (see instructions)		55			62.00
63.00	Medicare Usable Organs (see instructions)		28			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.509091			64.00
65.00	Medicare Cost/Charges (see instructions)	1,417,614		3,506,419		65.00
66.00	Revenue for Organs Sold	117,511		117,511		66.00
67.00	Subtotal (line 65 minus line 66)	1,300,103		3,388,908		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,300,103	0	3,388,908	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	22		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	33		73.00
74.00	Total (sum of lines 70 thru 73)	0	55		74.00
75.00	Organs Transplanted	0	33	5,049,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	22	117,511	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	55		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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 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	965.20	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	1,820	1,808.67	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	2,323.68	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,513.41	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	6,283	1,749.58	1	1,750	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	5,454	1,244.28	2	2,489	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,243.21	0	0	6.01
7.00	TOTAL (sum of lines 1-6)		13,557		3	4,239	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	0.240629	69,610	16,750	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.303419	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.172017	11,467	1,973	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.284671	67,914	19,333	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.142350	0	0	13.00
13.01	ULTRA SOUND	55.01	0.191844	28,476	5,463	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.240410	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.053299	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.063260	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.111591	59,097	6,595	17.00
18.00	LABORATORY	60.00	0.165086	137,959	22,775	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.219877	0	0	18.01
18.02	CARDIOLOGY	60.02	0.208525	144,722	30,178	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.281068	1,810	509	21.00
21.01	ORTHOTIC SERVICES	63.01	0.432110	0	0	21.01
21.02	BONE MARROW TRANSPLANT	63.02	0.509800	0	0	21.02
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.183055	40,521	7,418	23.00
24.00	PHYSICAL THERAPY	66.00	0.383488	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.352917	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.124675	6,028	752	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.215374	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.376806	19,620	7,393	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.394031	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.367426	14,692	5,398	31.00
32.00	RENAL DIALYSIS	74.00	0.248826	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.275584	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.825944	0	0	34.00
34.02	URODYNAMICS	76.02	0.238694	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	2.250756	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.245033	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.198480	17,298	3,433	34.05
34.06	RECREATIONAL THERAPY	76.06	2.155679	0	0	34.06
34.07	CDC - REHAB	76.07	0.706468	0	0	34.07
34.08	DIABETES EDUCATION	76.08	2.598569	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.497584	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.255603	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.131190	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.227959	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.339782	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.712864	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.164123	0	0	37.04
37.05	NEUROLOGY CLINIC	90.05	1.076874	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.878446	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.676037	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.844600	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.689766	0	0	37.09

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

Heart Hospital PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.126953	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.550287	18,592	28,823	37.11
37.12	UROLOGY CLINIC	90.12	0.467252	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.797867	0	0	37.13
37.14	CANCER CLINIC	90.14	0.503769	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.764774	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.389745	0	0	37.16
37.17	FAMILY PRACTICE	90.17	0.000000	0	0	37.17
37.18	IOWA RIVER LANDING	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.835990	0	0	37.19
37.20	IRL-CARDIOLOGY CLINIC	90.20	0.504749	0	0	37.20
37.22	IRL-DERMATOLOGY CLINIC	90.22	0.658829	0	0	37.22
37.24	IRL-INTERNAL MEDICINE CLINIC	90.24	0.866730	0	0	37.24
37.26	IRL-OB/GYN CLINIC	90.26	0.562204	0	0	37.26
37.27	IRL-OPHTHALMOLOGY	90.27	0.807113	0	0	37.27
37.28	IRL-ORTHOPAEDICS CLINIC	90.28	0.305966	0	0	37.28
37.29	IRL-OTOLARYNGOLOGY CLINIC	90.29	0.601561	0	0	37.29
37.30	IRL-PEDIATRICS CLINIC	90.30	0.891189	0	0	37.30
37.32	IRL-UROLOGY CLINIC	90.32	0.484807	0	0	37.32
37.38	IRL-GASTROENTEROLOGY CLINIC	90.38	0.643925	0	0	37.38
37.40	IRL-DIABETES CENTER CLINIC	90.40	0.991010	0	0	37.40
38.00	EMERGENCY	91.00	0.139297	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.357876	0	0	39.00
40.00	IOWA RIVER LANDING					40.00
41.00	TOTAL (sum of lines 8-40)			637,806	156,793	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
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	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	2	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			3	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	0	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	18,592	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	FAMILY PRACTICE	23.17	0	0.000000	0	51.17
51.18	IOWA RIVER LANDING	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center Description	Heart		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IRL-CARDIOLOGY CLINIC	23.20	0	0.000000	0	51.20
51.22	IRL-DERMATOLOGY CLINIC	23.22	0	0.000000	0	51.22
51.24	IRL-INTERNAL MEDICINE CLINIC	23.24	0	0.000000	0	51.24
51.26	IRL-OB/GYN CLINIC	23.26	0	0.000000	0	51.26
51.27	IRL-OPHTHALMOLOGY	23.27	0	0.000000	0	51.27
51.28	IRL-ORTHOPAEDICS CLINIC	23.28	0	0.000000	0	51.28
51.29	IRL-OTOLARYNGOLOGY CLINIC	23.29	0	0.000000	0	51.29
51.30	IRL-PEDIATRICS CLINIC	23.30	0	0.000000	0	51.30
51.32	IRL-UROLOGY CLINIC	23.32	0	0.000000	0	51.32
51.38	IRL-GASTROENTEROLOGY CLINIC	23.38	0	0.000000	0	51.38
51.40	IRL-DIABETES CENTER CLINIC	23.40	0	0.000000	0	51.40
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	IOWA RIVER LANDING	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		18,592		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	161,032		651,363		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)	1,590,327		4,427,000		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)	1,751,359		5,078,363		61.00
62.00	Total Usable Organs (see instructions)		25			62.00
63.00	Medicare Usable Organs (see instructions)		12			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.480000			64.00
65.00	Medicare Cost/Charges (see instructions)	840,652		2,437,614		65.00
66.00	Revenue for Organs Sold	50,247		50,247		66.00
67.00	Subtotal (line 65 minus line 66)	790,405		2,387,367		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	790,405	0	2,387,367	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	19		73.00
74.00	Total (sum of lines 70 thru 73)	0	25		74.00
75.00	Organs Transplanted	0	19	4,427,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	6	50,247	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	25		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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

	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)	
			Lung		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	965.20	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	0	1,808.67	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	2,323.68	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,513.41	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	12,870	1,749.58	4	6,998	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,244.28	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	4,196	2,243.21	1	2,243	6.01
7.00	TOTAL (sum of lines 1-6)		17,066		5	9,241	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	0.240629	61,459	14,789	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.303419	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.172017	6,472	1,113	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.284671	189,873	54,051	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.142350	0	0	13.00
13.01	ULTRA SOUND	55.01	0.191844	3,935	755	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.240410	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.053299	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.063260	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.111591	57,144	6,377	17.00
18.00	LABORATORY	60.00	0.165086	171,825	28,366	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.219877	0	0	18.01
18.02	CARDIOLOGY	60.02	0.208525	190,845	39,796	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.281068	2,528	711	21.00
21.01	ORTHOTIC SERVICES	63.01	0.432110	0	0	21.01
21.02	BONE MARROW TRANSPLANT	63.02	0.509800	0	0	21.02
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.183055	82,682	15,135	23.00
24.00	PHYSICAL THERAPY	66.00	0.383488	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.352917	687	242	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.124675	5,207	649	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.215374	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.376806	26,011	9,801	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.394031	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.367426	27,854	10,234	31.00
32.00	RENAL DIALYSIS	74.00	0.248826	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.275584	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.825944	0	0	34.00
34.02	URODYNAMICS	76.02	0.238694	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	2.250756	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.245033	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.198480	8,460	1,679	34.05
34.06	RECREATIONAL THERAPY	76.06	2.155679	0	0	34.06
34.07	CDC - REHAB	76.07	0.706468	0	0	34.07
34.08	DIABETES EDUCATION	76.08	2.598569	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.497584	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.255603	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.131190	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.227959	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.339782	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.712864	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.164123	0	0	37.04
37.05	NEUROLOGY CLINIC	90.05	1.076874	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.878446	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.676037	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.844600	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.689766	0	0	37.09

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.126953	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.550287	20,811	32,263	37.11
37.12	UROLOGY CLINIC	90.12	0.467252	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.797867	0	0	37.13
37.14	CANCER CLINIC	90.14	0.503769	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.764774	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.389745	0	0	37.16
37.17	FAMILY PRACTICE	90.17	0.000000	0	0	37.17
37.18	IOWA RIVER LANDING	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.835990	0	0	37.19
37.20	IRL-CARDIOLOGY CLINIC	90.20	0.504749	0	0	37.20
37.22	IRL-DERMATOLOGY CLINIC	90.22	0.658829	0	0	37.22
37.24	IRL-INTERNAL MEDICINE CLINIC	90.24	0.866730	0	0	37.24
37.26	IRL-OB/GYN CLINIC	90.26	0.562204	0	0	37.26
37.27	IRL-OPHTHALMOLOGY	90.27	0.807113	0	0	37.27
37.28	IRL-ORTHOPAEDICS CLINIC	90.28	0.305966	0	0	37.28
37.29	IRL-OTOLARYNGOLOGY CLINIC	90.29	0.601561	0	0	37.29
37.30	IRL-PEDIATRICS CLINIC	90.30	0.891189	0	0	37.30
37.32	IRL-UROLOGY CLINIC	90.32	0.484807	0	0	37.32
37.38	IRL-GASTROENTEROLOGY CLINIC	90.38	0.643925	0	0	37.38
37.40	IRL-DIABETES CENTER CLINIC	90.40	0.991010	0	0	37.40
38.00	EMERGENCY	91.00	0.139297	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.357876	0	0	39.00
40.00	IOWA RIVER LANDING					40.00
41.00	TOTAL (sum of lines 8-40)			855,793	215,961	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
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	4	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	1	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	0	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	20,811	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	FAMILY PRACTICE	23.17	0	0.000000	0	51.17
51.18	IOWA RIVER LANDING	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center Description	Lung		Hospital	PPS	
		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IRL-CARDIOLOGY CLINIC	23.20	0	0.000000	0	51.20
51.22	IRL-DERMATOLOGY CLINIC	23.22	0	0.000000	0	51.22
51.24	IRL-INTERNAL MEDICINE CLINIC	23.24	0	0.000000	0	51.24
51.26	IRL-OB/GYN CLINIC	23.26	0	0.000000	0	51.26
51.27	IRL-OPHTHALMOLOGY	23.27	0	0.000000	0	51.27
51.28	IRL-ORTHOPAEDICS CLINIC	23.28	0	0.000000	0	51.28
51.29	IRL-OTOLARYNGOLOGY CLINIC	23.29	0	0.000000	0	51.29
51.30	IRL-PEDIATRICS CLINIC	23.30	0	0.000000	0	51.30
51.32	IRL-UROLOGY CLINIC	23.32	0	0.000000	0	51.32
51.38	IRL-GASTROENTEROLOGY CLINIC	23.38	0	0.000000	0	51.38
51.40	IRL-DIABETES CENTER CLINIC	23.40	0	0.000000	0	51.40
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	IOWA RIVER LANDING	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		20,811		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	225,202		872,859		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)	1,188,665		2,386,000		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)	1,413,867		3,258,859		61.00
62.00	Total Usable Organs (see instructions)		35			62.00
63.00	Medicare Usable Organs (see instructions)		23			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.657143			64.00
65.00	Medicare Cost/Charges (see instructions)	929,113		2,141,536		65.00
66.00	Revenue for Organs Sold	67,610		67,610		66.00
67.00	Subtotal (line 65 minus line 66)	861,503		2,073,926		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	861,503	0	2,073,926	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	12		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	23		73.00
74.00	Total (sum of lines 70 thru 73)	0	35		74.00
75.00	Organs Transplanted	0	23	2,386,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	12	67,610	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	35		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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

Pancreas

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital: Organ Acquisition	PPS: Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	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	965.20	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	MEDICAL INTENSIVE CARE UNIT	43.01	1,820	1,808.67	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	2,323.68	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,513.41	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	4,843	1,749.58	1	1,750	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,244.28	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	5,454	2,243.21	2	4,486	6.01
7.00	TOTAL (sum of lines 1-6)		12,117		3	6,236	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	0.240629	40,649	9,781	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.303419	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.172017	4,772	821	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.284671	8,399	2,391	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.142350	0	0	13.00
13.01	ULTRA SOUND	55.01	0.191844	0	0	13.01
13.02	RADIOLOGY - PET SCAN	55.02	0.240410	0	0	13.02
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.053299	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.063260	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.111591	0	0	17.00
18.00	LABORATORY	60.00	0.165086	20,787	3,432	18.00
18.01	ANATOMICAL LABORATORY	60.01	0.219877	0	0	18.01
18.02	CARDIOLOGY	60.02	0.208525	3,666	764	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.281068	2,487	699	21.00
21.01	ORTHOTIC SERVICES	63.01	0.432110	0	0	21.01
21.02	BONE MARROW TRANSPLANT	63.02	0.509800	0	0	21.02
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.183055	5,278	966	23.00
24.00	PHYSICAL THERAPY	66.00	0.383488	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.352917	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.124675	256	32	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.215374	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.376806	4,428	1,668	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.394031	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.367426	7,913	2,907	31.00
32.00	RENAL DIALYSIS	74.00	0.248826	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.275584	0	0	33.00
34.00	IVF/CULTURE LAB	76.00	0.825944	0	0	34.00
34.02	URODYNAMICS	76.02	0.238694	0	0	34.02
34.03	SPINE TREATMENT CENTER	76.03	2.250756	0	0	34.03
34.04	OPHTHALMOLOGY	76.04	0.245033	0	0	34.04
34.05	DIGESTIVE DISEASE CNTR	76.05	0.198480	0	0	34.05
34.06	RECREATIONAL THERAPY	76.06	2.155679	0	0	34.06
34.07	CDC - REHAB	76.07	0.706468	0	0	34.07
34.08	DIABETES EDUCATION	76.08	2.598569	0	0	34.08
34.97	CARDIAC REHABILITATION	76.97	0.497584	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.255603	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.131190	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	ANESTHESIA PAIN CLINIC	90.01	0.227959	0	0	37.01
37.02	DERMATOLOGY CLINIC	90.02	0.339782	0	0	37.02
37.03	ORAL SURGERY CLINIC	90.03	0.712864	0	0	37.03
37.04	INTERNAL MEDICINE CLINIC	90.04	1.164123	0	0	37.04
37.05	NEUROLOGY CLINIC	90.05	1.076874	0	0	37.05
37.06	OB-GYN CLINIC	90.06	0.878446	0	0	37.06
37.07	OPHTHALMOLOGY CLINIC	90.07	0.676037	0	0	37.07
37.08	ORTHOPAEDICS CLINIC	90.08	0.844600	0	0	37.08
37.09	OTOLARYNGOLOGY CLINIC	90.09	0.689766	0	0	37.09

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center Description	Pancreas Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Hospital Organ Acquisition Ancillary Charges	PPS Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.10	PEDIATRIC CLINIC	90.10	1.126953	0	0	37.10
37.11	SURGERY CLINIC	90.11	1.550287	234	363	37.11
37.12	UROLOGY CLINIC	90.12	0.467252	0	0	37.12
37.13	PSYCHIATRIC CLINIC	90.13	0.797867	0	0	37.13
37.14	CANCER CLINIC	90.14	0.503769	0	0	37.14
37.15	FAMILY CARE CLINIC	90.15	0.764774	0	0	37.15
37.16	ORTHO SPORTS MED CLINIC	90.16	0.389745	0	0	37.16
37.17	FAMILY PRACTICE	90.17	0.000000	0	0	37.17
37.18	IOWA RIVER LANDING	90.18	0.000000	0	0	37.18
37.19	BURN CLINIC	90.19	0.835990	0	0	37.19
37.20	IRL-CARDIOLOGY CLINIC	90.20	0.504749	0	0	37.20
37.22	IRL-DERMATOLOGY CLINIC	90.22	0.658829	0	0	37.22
37.24	IRL-INTERNAL MEDICINE CLINIC	90.24	0.866730	0	0	37.24
37.26	IRL-OB/GYN CLINIC	90.26	0.562204	0	0	37.26
37.27	IRL-OPHTHALMOLOGY	90.27	0.807113	0	0	37.27
37.28	IRL-ORTHOPAEDICS CLINIC	90.28	0.305966	0	0	37.28
37.29	IRL-OTOLARYNGOLOGY CLINIC	90.29	0.601561	0	0	37.29
37.30	IRL-PEDIATRICS CLINIC	90.30	0.891189	0	0	37.30
37.32	IRL-UROLOGY CLINIC	90.32	0.484807	0	0	37.32
37.38	IRL-GASTROENTEROLOGY CLINIC	90.38	0.643925	0	0	37.38
37.40	IRL-DIABETES CENTER CLINIC	90.40	0.991010	0	0	37.40
38.00	EMERGENCY	91.00	0.139297	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.357876	0	0	39.00
40.00	IOWA RIVER LANDING					40.00
41.00	TOTAL (sum of lines 8-40)			98,869	23,824	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	MEDICAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
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	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	2	0	47.01
48.00	TOTAL (sum of lines 42 through 47)			3	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	ANESTHESIA PAIN CLINIC	23.01	0	0.000000	0	51.01
51.02	DERMATOLOGY CLINIC	23.02	0	0.000000	0	51.02
51.03	ORAL SURGERY CLINIC	23.03	0	0.000000	0	51.03
51.04	INTERNAL MEDICINE CLINIC	23.04	0	0.000000	0	51.04
51.05	NEUROLOGY CLINIC	23.05	0	0.000000	0	51.05
51.06	OB-GYN CLINIC	23.06	0	0.000000	0	51.06
51.07	OPHTHALMOLOGY CLINIC	23.07	0	0.000000	0	51.07
51.08	ORTHOPAEDICS CLINIC	23.08	0	0.000000	0	51.08
51.09	OTOLARYNGOLOGY CLINIC	23.09	0	0.000000	0	51.09
51.10	PEDIATRIC CLINIC	23.10	0	0.000000	0	51.10
51.11	SURGERY CLINIC	23.11	234	0.000000	0	51.11
51.12	UROLOGY CLINIC	23.12	0	0.000000	0	51.12
51.13	PSYCHIATRIC CLINIC	23.13	0	0.000000	0	51.13
51.14	CANCER CLINIC	23.14	0	0.000000	0	51.14
51.15	FAMILY CARE CLINIC	23.15	0	0.000000	0	51.15
51.16	ORTHO SPORTS MED CLINIC	23.16	0	0.000000	0	51.16
51.17	FAMILY PRACTICE	23.17	0	0.000000	0	51.17
51.18	IOWA RIVER LANDING	23.18	0	0.000000	0	51.18
51.19	BURN CLINIC	23.19	0	0.000000	0	51.19

(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: 160058
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center Description	Pancreas: Worksheet D-2, Part I Line Numbers	Pancreas: Organ Charges (see instructions)	Hospital: Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	PPS: Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.20	IRL-CARDIOLOGY CLINIC	23.20	0	0.000000	0	51.20
51.22	IRL-DERMATOLOGY CLINIC	23.22	0	0.000000	0	51.22
51.24	IRL-INTERNAL MEDICINE CLINIC	23.24	0	0.000000	0	51.24
51.26	IRL-OB/GYN CLINIC	23.26	0	0.000000	0	51.26
51.27	IRL-OPHTHALMOLOGY	23.27	0	0.000000	0	51.27
51.28	IRL-ORTHOPAEDICS CLINIC	23.28	0	0.000000	0	51.28
51.29	IRL-OTOLARYNGOLOGY CLINIC	23.29	0	0.000000	0	51.29
51.30	IRL-PEDIATRICS CLINIC	23.30	0	0.000000	0	51.30
51.32	IRL-UROLOGY CLINIC	23.32	0	0.000000	0	51.32
51.38	IRL-GASTROENTEROLOGY CLINIC	23.38	0	0.000000	0	51.38
51.40	IRL-DIABETES CENTER CLINIC	23.40	0	0.000000	0	51.40
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	IOWA RIVER LANDING	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		234		0	55.00

	Cost Center Description	Cost: Part A	Cost: Part B	Charges: Part A	Charges: Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	30,060		110,986		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)	396,248		351,000		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)	426,308		461,986		61.00
62.00	Total Usable Organs (see instructions)		13			62.00
63.00	Medicare Usable Organs (see instructions)		9			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.692308			64.00
65.00	Medicare Cost/Charges (see instructions)	295,136		319,837		65.00
66.00	Revenue for Organs Sold	49,063		49,063		66.00
67.00	Subtotal (line 65 minus line 66)	246,073		270,774		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	246,073	0	270,774	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	7		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	13		74.00
75.00	Organs Transplanted	0	6	351,000	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	7	49,063	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	13		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: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/18/2014 9:28 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)		20,776,315			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		68,065,654			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)		4,367,061			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		9,314,505			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		619.14			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)		346.30			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)		6.88			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		353.18			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		534.29			10.00
11.00	FTE count for residents in dental and podiatric programs.		21.35			11.00
12.00	Current year allowable FTE (see instructions)		374.53			12.00
13.00	Total allowable FTE count for the prior year.		372.73			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.		371.69			14.00
15.00	Sum of lines 12 through 14 divided by 3.		372.98			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		372.98			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.602416			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.613244			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.602416			21.00
22.00	IME payment adjustment (see instructions)		27,882,230			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).		25.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		181.11			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)		25.00			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.040379			26.00
27.00	IME payments adjustment factor. (see instructions)		0.010666			27.00
28.00	IME add-on adjustment amount (see instructions)		1,046,937			28.00
29.00	Total IME payment (sum of lines 22 and 28)		28,929,167			29.00
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.06			30.00
31.00	Percentage of Medicaid patient days (see instructions)		38.04			31.00
32.00	Sum of lines 30 and 31		44.10			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Date/Time Prepared: 11/18/2014 9:28 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)	25.60			33.00
34.00	Disproportionate share adjustment (see instructions)	9,674,939			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)			0.001953651	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			17,673,467	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			13,218,781	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	13,218,781			36.00
	Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	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)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	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)	145,031,917			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)	145,031,917			49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	10,043,448			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).	5,621,506			52.00
53.00	Nursing and Allied Health Managed Care payment	60,300			53.00
54.00	Special add-on payments for new technologies	33,965			54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	7,003,876			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).	204,531			57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)	171,818			58.00
59.00	Total (sum of amounts on lines 49 through 58)	168,171,361			59.00
60.00	Primary payer payments	29,436			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	168,141,925			61.00
62.00	Deductibles billed to program beneficiaries	6,553,291			62.00
63.00	Coinsurance billed to program beneficiaries	426,304			63.00
64.00	Allowable bad debts (see instructions)	0			64.00
65.00	Adjusted reimbursable bad debts (see instructions)	0			65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/18/2014 9:28 am
	Title XVIII	Hospital	PPS

			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)		0			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		161,162,330			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		0			70.00
70.01	OTHER		0			70.01
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)		20,219			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-32,895			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)		161,149,654			71.00
71.01	Sequestration adjustment (see instructions)		3,222,993			71.01
72.00	Interim payments		162,549,770			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		-4,623,109			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,283,953			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 REIMBURSEMENT SETTLEMENT	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/18/2014 9:28 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	522,305	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	94,930,002	2.00
3.00	PPS payments	83,662,303	3.00
4.00	Outlier payment (see instructions)	785,875	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	324,385	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	522,305	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,983,392	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)	1,983,392	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)	1,983,392	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,461,087	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)	522,305	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)	84,772,563	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	300,802	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	16,167,934	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)	68,826,132	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	3,797,260	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	328	29.00
30.00	Subtotal (sum of lines 27 through 29)	72,623,720	30.00
31.00	Primary payer payments	3,305	31.00
32.00	Subtotal (line 30 minus line 31)	72,620,415	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)	72,620,415	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER	0	39.00
39.01	OTHER	0	39.01
39.98		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	72,620,415	40.00
40.01	Sequestration adjustment (see instructions)	1,452,408	40.01
41.00	Interim payments	70,975,335	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	192,672	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	465,745	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160058 Component CCN: 16S058	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/18/2014 9:28 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	236	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	802	2.00
3.00	PPS payments	1,079	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	21	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	236	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	643	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)	643	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)	643	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	407	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)	236	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)	1,100	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)	66	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)	1,270	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)	1,270	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,270	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)	1,270	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)	1,270	40.00
40.01	Sequestration adjustment (see instructions)	25	40.01
41.00	Interim payments	993	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	252	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E-1 Part I Date/Time Prepared: 11/18/2014 9:28 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		162,347,370		70,793,935	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	11/22/2013	113,300		0	3.01
3.02		02/13/2014	89,100	02/13/2014	181,400	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)		202,400		181,400	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)		162,549,770		70,975,335	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		192,672	6.01
6.02	SETTLEMENT TO PROGRAM		4,623,109		0	6.02
7.00	Total Medicare program liability (see instructions)		157,926,661		71,168,007	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: 160058 Component CCN: 16S058	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part I Date/Time Prepared: 11/18/2014 9:28 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		5,427,953		993	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,427,953		993	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		292,568		252	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,720,521		1,245	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: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 11/18/2014 9:28 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	28,903	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	47,401	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	4,971	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	168,318	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	2,965,268,593	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	44,038,833	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)	1,005,855	8.00
9.00	Sequestration adjustment amount (see instructions)	20,117	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	985,738	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	969,506	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)	16,232	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160058 Component CCN: 16S058	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part II Date/Time Prepared: 11/18/2014 9:28 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)	6,101,421	1.00
2.00	Net IPF PPS Outlier Payments	104,389	2.00
3.00	Net IPF PPS ECT Payments	89,436	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)	9.49	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.)	13.88	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)	9.49	8.00
9.00	Average Daily Census (see instructions)	71.104110	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.066646	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	406,635	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,701,881	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)	6,701,881	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	6,701,881	18.00
19.00	Deductibles	243,744	19.00
20.00	Subtotal (line 18 minus line 19)	6,458,137	20.00
21.00	Coinsurance	658,448	21.00
22.00	Subtotal (line 20 minus line 21)	5,799,689	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	5,799,689	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)	37,577	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	5,837,266	31.00
31.01	Sequestration adjustment (see instructions)	116,745	31.01
32.00	Interim payments	5,427,953	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	292,568	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	104,389	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: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E-4 | Date/Time Prepared: 11/18/2014 9:28 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.			383.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			7.95	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			391.65	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			587.49	6.00
7.00	Enter the lesser of line 5 or line 6			391.65	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.	115.39	398.24	513.63	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.	76.92	265.49	342.41	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		21.32		10.00
11.00	Total weighted FTE count	76.92	286.81		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	80.01	282.90		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	81.92	283.43		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	79.62	284.38		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	79.62	284.38		17.00
18.00	Per resident amount	79,210.47	79,210.47		18.00
19.00	Approved amount for resident costs	6,306,738	22,525,873	28,832,611	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)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			195.84	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			21.86	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			93,189.00	23.00
24.00	Multiply line 22 time line 23			2,037,112	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			30,869,723	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	55,006	4,971		26.00
27.00	Total Inpatient Days (see instructions)	194,271	194,271		27.00
28.00	Ratio of inpatient days to total inpatient days	0.283141	0.025588		28.00
29.00	Program direct GME amount	8,740,484	789,894		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		111,612		30.00
31.00	Net Program direct GME amount			9,418,766	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/18/2014 9:28 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)	3,085	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	45,187,646	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000068	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	4,820,268	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	328	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	134,811,087	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	7,003,876	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	29,436	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	141,785,527	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	95,777,751	42.00
43.00	Primary payer payments (see instructions)	3,305	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	95,774,446	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	237,559,973	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.596841	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.403159	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	9,418,766	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	5,621,506	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	3,797,260	50.00

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

Provider CCN: 160058

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

Worksheet G

Date/Time Prepared: 11/18/2014 9:28 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	2,153,811	0	0	0	1.00
2.00	Temporary investments	218,803,818	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	209,121,813	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-32,425,988	0	0	0	6.00
7.00	Inventory	19,265,978	0	0	0	7.00
8.00	Prepaid expenses	9,103,582	0	0	0	8.00
9.00	Other current assets	2,386,349	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)	428,409,363	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	15,609,037	0	0	0	12.00
13.00	Land improvements	52,157,219	0	0	0	13.00
14.00	Accumulated depreciation	-41,849,477	0	0	0	14.00
15.00	Buildings	1,052,227,981	0	0	0	15.00
16.00	Accumulated depreciation	-532,075,318	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	409,832,369	0	0	0	23.00
24.00	Accumulated depreciation	-256,766,276	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	699,135,535	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	722,412,016	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,020,319	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	723,432,335	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,850,977,233	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	37,696,067	0	0	0	37.00
38.00	Salaries, wages, and fees payable	80,974,312	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	93,191,013	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	211,861,392	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	370,582,081	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	43,008,764	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	413,590,845	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	625,452,237	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,225,524,996				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,225,524,996	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,850,977,233	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-1 | Date/Time Prepared: 11/18/2014 9:28 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		1,167,673,440		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		105,158,780				2.00
3.00	Total (sum of line 1 and line 2)		1,272,832,220		0		3.00
4.00		0		0		0	4.00
5.00	RESTRICTED FUND TRANSACTIONS	300,000		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)		300,000		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,273,132,220		0		11.00
12.00		0		0		0	12.00
13.00	TRANSFER TO UNIVERSITY	42,330,844		0		0	13.00
14.00	TRANSFER TO SUPPORT UICMS CLINICS	5,272,763		0		0	14.00
15.00	TRANSFER TO SUPPORT WDM WC CLINIC	3,617		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)		47,607,224		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,225,524,996		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00			0		4.00
5.00	RESTRICTED FUND TRANSACTIONS		0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00			0		12.00
13.00	TRANSFER TO UNIVERSITY		0		13.00
14.00	TRANSFER TO SUPPORT UICMS CLINICS		0		14.00
15.00	TRANSFER TO SUPPORT WDM WC CLINIC		0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/18/2014 9:28 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	241,591,668		241,591,668	1.00
2.00	SUBPROVIDER - IPF	33,387,073		33,387,073	2.00
3.00	SUBPROVIDER - IRF				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)	274,978,741		274,978,741	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	MEDICAL INTENSIVE CARE UNIT	29,416,019		29,416,019	11.01
12.00	CORONARY CARE UNIT	13,273,874		13,273,874	12.00
13.00	BURN INTENSIVE CARE UNIT	14,119,230		14,119,230	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	42,478,215		42,478,215	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	86,293,399		86,293,399	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	23,983,635		23,983,635	15.01
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	209,564,372		209,564,372	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	484,543,113		484,543,113	17.00
18.00	Ancillary services	981,622,120	1,167,479,615	2,149,101,735	18.00
19.00	Outpatient services	35,150,639	257,661,956	292,812,595	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		0	0	22.00
23.00	AMBULANCE SERVICES	0	17,799,793	17,799,793	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	TRANSPLANT CHARGES	21,011,350	0	21,011,350	27.00
27.01	NON ALLOWABLE CHARGES	1,600	25,442,529	25,444,129	27.01
27.02	FAMILY CARE PHYSICIANS	252	9,266,067	9,266,319	27.02
27.03	EMER ROOM PHYSICIANS	8,376,372	20,761,961	29,138,333	27.03
27.04	IOWA CARE PHYSICIANS	226	1,665,584	1,665,810	27.04
27.05	IRL PHYSICIANS	1,693	29,446,828	29,448,521	27.05
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,530,707,365	1,529,524,333	3,060,231,698	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,126,807,972		29.00
30.00	LOSS ON EQUIPMENT DISPOSAL	3,392,892			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		3,392,892		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,130,200,864		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-3 | Date/Time Prepared: 11/18/2014 9:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,060,231,698	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,932,406,998	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,127,824,700	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,130,200,864	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,376,164	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	56,836,536	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	8,439,308	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	1,692	17.00
18.00	Revenue from sale of medical records and abstracts	2,193,264	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	BUSINESS OFFICE	6,305,609	24.00
24.01	RADIOLOGY	18,500	24.01
24.02	PLANT OPERATIONS	370,674	24.02
24.03	DIETARY	35,899	24.03
24.04	SOCIAL SERVICE	37,232	24.04
24.05	LAB	38,383	24.05
24.06	ORAL SURGERY CLINIC	247,506	24.06
24.07	FCC	478,696	24.07
24.08	AMBULANCE	65,088	24.08
24.09	VENDING/PROJECT ART/VISITOR CAFETERI	1,820,819	24.09
24.10	FUND 285 INCOME FOR PHONE SERVICE	9,880,088	24.10
24.11	FUND 240 CONT EDUCATION REVENUE	345,926	24.11
24.12	FUND 450 AUXILLARY - NOT OFFSET	3,043	24.12
24.13	REIMB RESEARCH OVERHEAD (COST OFFSET	20,167,318	24.13
24.14	FUND 261 INCOME FOR BIOENGINEERING	117,869	24.14
24.15	FUND 990 IRL PHYSICIANS	1,656	24.15
24.16	HOUSEKEEPING	39,768	24.16
24.17	OPERATING ROOM	-36	24.17
24.18	BONE MARROW TRANSPLANT	28,186	24.18
24.19	PHYSICAL THERAPY	26,418	24.19
24.20	ELECTROCARDIOLOGY	22,730	24.20
24.21	CARDIAC REHABILITATION	12,772	24.21
25.00	Total other income (sum of lines 6-24)	107,534,944	25.00
26.00	Total (line 5 plus line 25)	105,158,780	26.00
27.00		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)	105,158,780	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 160058
Component CCN: 162306

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

Worksheet I-1
Date/Time Prepared: 11/18/2014 9:28 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,739,983	Hours of Service	62,833.14	30.21	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	982,798	Hours of Service	64,430.33	30.98	4.00
5.00	SOCIAL WORKERS	0	Hours of Service	0.00	0.00	5.00
6.00	DIETICIANS	0	Hours of Service	0.00	0.00	6.00
7.00	PHYSICIANS	0	Accumulated Cost			7.00
8.00	NON-PATIENT CARE SALARY	409,015	Accumulated Cost			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,131,796				9.00
10.00	EMPLOYEE BENEFITS	1,182,107	Salary			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	376,378	Square Feet			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	Percentage of Time			12.00
13.00	MACHINE COSTS & REPAIRS	0	Percentage of Time			13.00
14.00	SUPPLIES	965,819	Requisitions			14.00
15.00	DRUGS	0	Requisitions			15.00
16.00	OTHER	571,992	Accumulated Cost			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	6,228,092				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	115,093	Square Feet			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	172,491	Percentage of Time			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	Salary			20.00
21.00	ADMINISTRATIVE & GENERAL	1,047,773	Accumulated Cost			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	366,727	Square Feet			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	3,085				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	Requisitions			24.00
25.00	PHARMACY	524,152	Requisitions			25.00
26.00	OTHER ALLOCATED COSTS	944,919	Accumulated Cost			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	9,402,332				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	IVF/CULTURE LAB	0	Charges	0		30.00
30.02	URODYNAMICS	0	CHARGES	0		30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0		30.03
30.04	OPHTHALMOLOGY	0	CHARGES	0		30.04
30.05	DIGESTIVE DISEASE CNTR	0	CHARGES	0		30.05
30.06	RECREATIONAL THERAPY	0	CHARGES	0		30.06
30.07	CDC - REHAB	0	CHARGES	0		30.07
30.08	DIABETES EDUCATION	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	9,402,332				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: 160058
Component CCN: 162306

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

Worksheet I-2

Date/Time Prepared: 11/18/2014 9:28 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	858,198	172,491	1,739,983	982,798	1,182,107	524,152	1.00
	MAINTENANCE							
2.00	Hemodialysis	328,035	65,862	783,225	748,844	813,665	9,001	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	58,642	11,855	33,729	14,664	27,865	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	12,813	2,586	7,366	3,200	6,079	0	6.00
7.00	CCPD	60,860	12,311	29,409	13,636	25,480	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	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	397,848	79,877	886,254	202,454	309,018	515,151	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						17,649	14.00
15.00	ARANESP (include in Renal Department)						844,815	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	858,198	172,491	1,739,983	982,798	1,182,107	524,152	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	965,819	0	6,425,548	2,973,699	9,399,247		1.00
	MAINTENANCE							
2.00	Hemodialysis	531,296	0	3,279,928	1,517,930	4,797,858		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	98,898	0	245,653	113,686	359,339		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	21,575	0	53,619	24,814	78,433		6.00
7.00	CCPD	86,232	0	227,928	105,483	333,411		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	0	0	0	0	0		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	227,818	0	2,618,420	1,211,786	3,830,206		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)	965,819	0	6,425,548	2,973,699	9,399,247		17.00
18.00	Medical Educational Program Costs					3,085		18.00
19.00	Total Renal Costs (line 17 + line 18)					9,402,332		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160058
Component CCN: 162306

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

Worksheet I-3
Date/Time Prepared: 11/18/2014 9:28 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		858,198	172,491	1,739,983	982,798	1,182,107	1.00
	MAINTENANCE							
2.00	Hemodialysis		3,994	77,195.43	28,283.31	63,423.53	2,155,669	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		714	13,895.00	1,218.00	1,242.00	73,824	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		156	3,031.00	266.00	271.00	16,105	6.00
7.00	CCPD		741	14,430.00	1,062.00	1,154.93	67,506	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	0.00	0.00	0.00	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	3,314	4,844	93,622.53	32,003.83	17,146.89	818,691	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		10,449	202,173.96	62,833.14	83,238.35	3,131,795	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		82.132070	0.853181	27.692122	11.807034	0.377454	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	524,152	965,819	0	6,425,548	2,973,699		1.00
	MAINTENANCE							
2.00	Hemodialysis	15,396	530,809	24,384,432				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	98,807	156,771				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	21,555	34,200				6.00
7.00	CCPD	0	86,153	162,803				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	0	0	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	18,672	227,609	10,733,810				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	17,649						14.00
15.00	ARANESP	844,815						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	896,532	964,933	35,472,016		6,425,548		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.584644	1.000918	0.000000		0.462793		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160058
Component CCN: 162306
Period: From 07/01/2013 To 06/30/2014
Worksheet I-4
Date/Time Prepared: 11/18/2014 9:28 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	19,302	4,797,858	248.57	6,883	6,883	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	92	359,339	3,905.86	24	24	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	20	78,433	3,921.65	8	7	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	82	333,411	4,065.99	26	25	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	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	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	19,496	5,569,041		6,941	6,939	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	19,496					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC - MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC - GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC - NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC - WASHINGTON DIALYSIS CENTER	163510					20.03

		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6.01 ÷ 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	3,421,815	1,831,558	1,831,558	266.10	266.10	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	187,481	7,777	7,777	324.04	324.04	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	58,825	2,410	2,411	301.25	344.43	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	207,365	8,109	8,109	311.88	324.36	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	0	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)	3,875,486	1,849,854	1,849,855			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC - MUSCATINE DIALYSIS CENTER						20.00
20.01	UIHC - GRINNELL DIALYSIS CENTER						20.01
20.02	UIHC - NORTH LIBERTY DIALYSIS CENTER						20.02
20.03	UIHC - WASHINGTON DIALYSIS CENTER						20.03

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 160058

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

Worksheet I-1

Date/Time Prepared: 11/18/2014 9:28 am

		Home Program Dialysis			PPS	
		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	146,111	Hours of Service	5,835.99	2.81	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	43,626	Hours of Service	3,480.01	1.67	4.00
5.00	SOCIAL WORKERS	0	Hours of Service	0.00	0.00	5.00
6.00	DIETICIANS	0	Hours of Service	0.00	0.00	6.00
7.00	PHYSICIANS	0	Accumulated Cost			7.00
8.00	NON-PATIENT CARE SALARY	30,070	Accumulated Cost			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	219,807				9.00
10.00	EMPLOYEE BENEFITS	76,947	Salary			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	11,658	Square Feet			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	Percentage of Time			12.00
13.00	MACHINE COSTS & REPAIRS	0	Percentage of Time			13.00
14.00	SUPPLIES	224,990	Requisitions			14.00
15.00	DRUGS	0	Requisitions			15.00
16.00	OTHER	23,842	Accumulated Cost			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	557,244				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	29,490	Square Feet			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	31,663	Percentage of Time			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	0	Salary			20.00
21.00	ADMINISTRATIVE & GENERAL	99,443	Accumulated Cost			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	93,966	Square Feet			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	0	Requisitions			24.00
25.00	PHARMACY	0	Requisitions			25.00
26.00	OTHER ALLOCATED COSTS	41,607	Accumulated Cost			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	853,413				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	IVF/CULTURE LAB	0	Charges	0		30.00
30.02	URODYNAMICS	0	CHARGES	0		30.02
30.03	SPINE TREATMENT CENTER	0	CHARGES	0		30.03
30.04	OPHTHALMOLOGY	0	CHARGES	0		30.04
30.05	DIGESTIVE DISEASE CNTR	0	CHARGES	0		30.05
30.06	RECREATIONAL THERAPY	0	CHARGES	0		30.06
30.07	CDC - REHAB	0	CHARGES	0		30.07
30.08	DIABETES EDUCATION	0	CHARGES	0		30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	853,413				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: 160058

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

Worksheet I-2

Date/Time Prepared: 11/18/2014 9:28 am

		Home Program Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	135,114	31,663	146,111	43,626	76,947	0	1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
	HOME							
8.00	Hemodialysis	77,711	31,663	39,783	18,830	33,717	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	4,865	0	2,479	1,175	2,104	0	10.00
11.00	CCPD	52,538	0	103,849	23,621	41,126	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	135,114	31,663	146,111	43,626	76,947	0	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	224,990	0	658,451	194,962	853,413		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
	HOME							
8.00	Hemodialysis	128,911	0	330,615	97,892	428,507		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	8,043	0	18,666	5,527	24,193		10.00
11.00	CCPD	88,036	0	309,170	91,543	400,713		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	224,990	0	658,451	194,962	853,413		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					853,413		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160058

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

Worksheet I-3

Date/Time Prepared: 11/18/2014 9:28 am

Home Program Dialysis | PPS

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		135,114	31,663	146,111	43,626	76,947	1.00
	MAINTENANCE							
2.00	Hemodialysis		0	0.00	0.00	0.00	0	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		1,278	31,663.00	1,589.00	2,099.00	96,317	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		80	0.00	99.00	131.00	6,009	10.00
11.00	CCPD		864	0.00	4,147.99	2,633.01	117,481	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		2,222	31,663.00	5,835.99	4,863.01	219,807	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		60.807381	1.000000	25.036198	8.970987	0.350066	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	0	224,990	0	658,451	194,962		1.00
	MAINTENANCE							
2.00	Hemodialysis	0	0	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	128,914	3,958,577				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	8,043	246,984				10.00
11.00	CCPD	0	88,038	2,674,658				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	0	224,995	6,880,219		658,451		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.999978	0.000000		0.296092		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet I-4 | Date/Time Prepared: 11/18/2014 9:28 am

		Rate 0			Home Program Dialysis	PPS	
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	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	3,226	428,507	132.83	1,042	1,042	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	67	24,193	361.09	33	33	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	712	400,713	562.80	238	238	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	3,226	853,413		1,042	1,042	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	5,563					12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC - MUSCATINE DIALYSIS CENTER	163504					20.00
20.01	UIHC - GRINNELL DIALYSIS CENTER	163507					20.01
20.02	UIHC - NORTH LIBERTY DIALYSIS CENTER	163509					20.02
20.03	UIHC - WASHINGTON DIALYSIS CENTER	163510					20.03
		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6.01 ÷ 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	0	0	0	0.00	0.00	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	276,818	257,518	257,518	247.14	247.14	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	23,832	24,401	24,401	739.42	739.42	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	267,893	180,769	180,769	759.53	759.53	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	568,543	462,688	462,688			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00
	ADDITIONAL RENAL FACILITY NUMBERS						
20.00	UIHC - MUSCATINE DIALYSIS CENTER						20.00
20.01	UIHC - GRINNELL DIALYSIS CENTER						20.01
20.02	UIHC - NORTH LIBERTY DIALYSIS CENTER						20.02
20.03	UIHC - WASHINGTON DIALYSIS CENTER						20.03

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 160058 | Period: From 07/01/2013 To 06/30/2014 | Worksheet I-5 | Date/Time Prepared: 11/18/2014 9:28 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)	4,444,029		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)	2,312,542	2,107,206	2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)	2,312,543	2,038,761	2.02
2.03	Total payment due (see instructions)	4,625,085	4,145,967	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)	147	134	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)	147	134	3.03
4.00	Coinsurance billed to Medicare (Part B) patients			4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	925,137	842,992	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)	925,137	842,992	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	843,126	8.00
9.00	Program payment (see instructions)	0	3,316,666	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)	0		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	7,284,918		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	6,422,454		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.881610		14.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 160058	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/18/2014 9:28 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	7,077,571	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	352,838	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)	461.15	3.00
4.00	Number of interns & residents (see instructions)	397.98	4.00
5.00	Indirect medical education percentage (see instructions)	27.58	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	1,951,994	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.06	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	38.04	8.00
9.00	Sum of lines 7 and 8	44.10	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.34	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	661,045	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	10,043,448	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